




DR. DINGO KILL

THE • YEAR • BOOK  
OF • THE  
HOSPITAL • • •  
• • • ALMONERS  
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Nº 5

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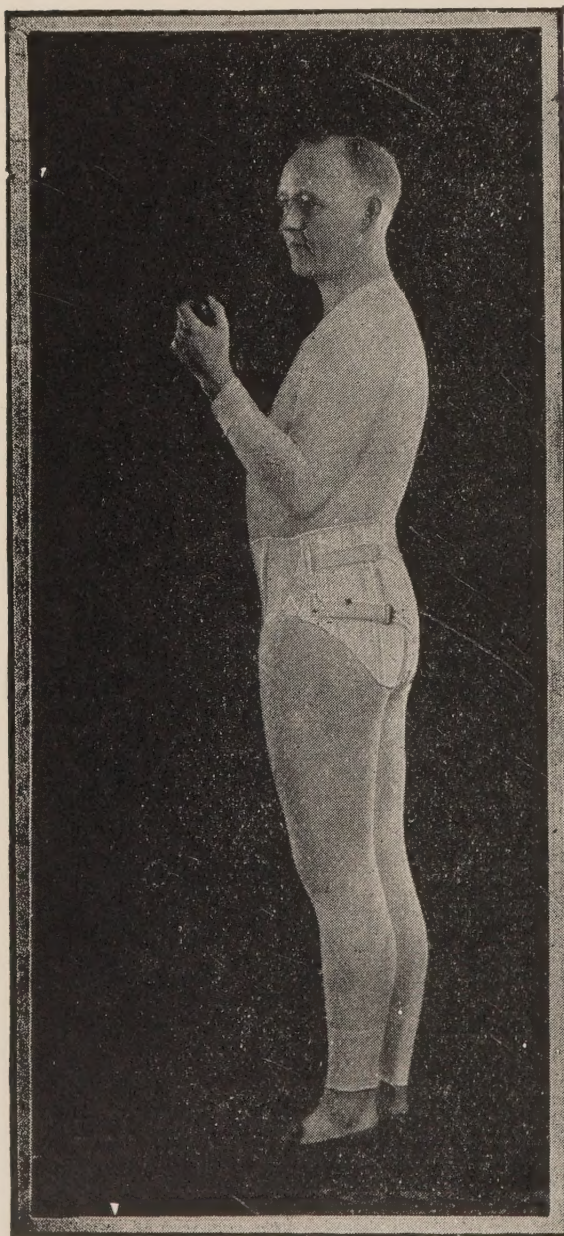
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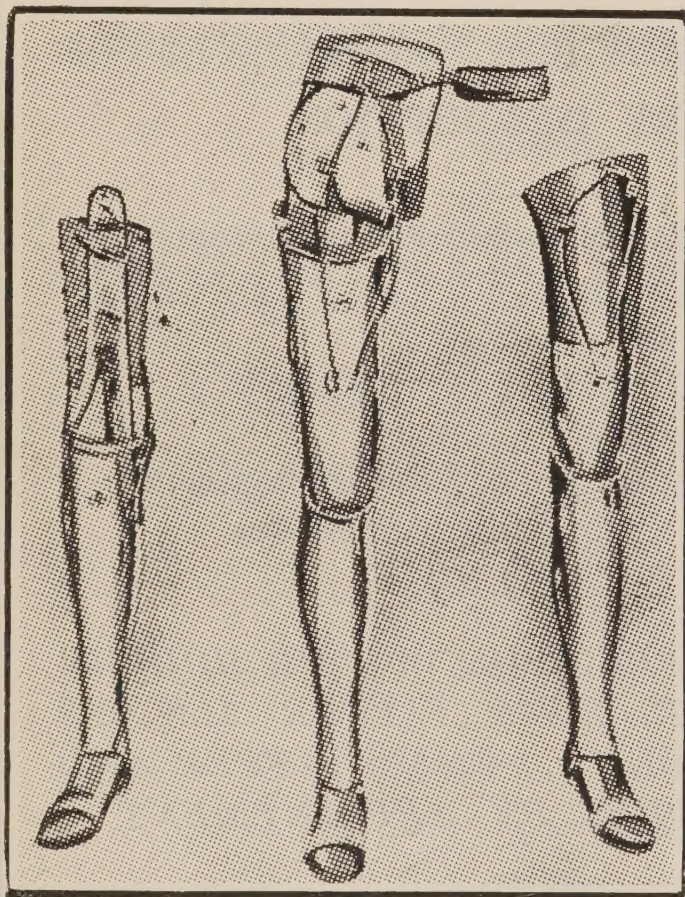
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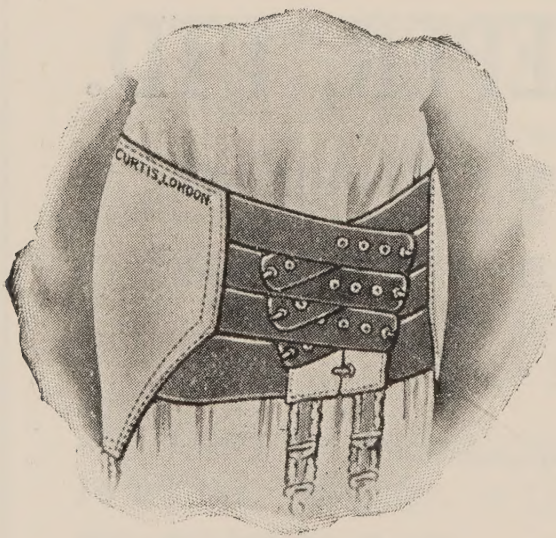
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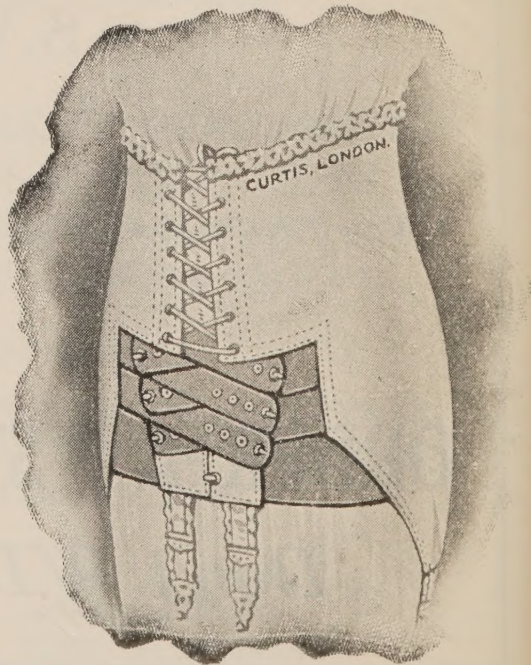
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## Editors' Foreword.

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THE Editors have to apologise for the delay in publishing the Year Book which has been due to a change of horses in mid-stream. Miss Macintosh hoped to undertake the editorship, but was unfortunately prevented by illness from carrying it through and the present editors had to start afresh in February. Even the Post Office joined in the general conspiracy and lost two important letters, thus causing a further hitch and adding to the despair of the Editors who had hoped to go to press at Easter.

Grateful thanks are due to Miss Perfect and Mrs. Bolte who joined the informal advisory committee and suggested subjects for inclusion in the present issue, and to Miss White for her work in translating the French article. Also to the contributors who so nobly responded at short notice and sent in articles and criticisms written in precious moments of leisure.

The list of addresses is increasing in length and becoming more and more difficult to keep accurate. It is the official record of addresses of the H.A.A. and it is therefore important that Almoners should notify the editors of any change.

W. H. HUME.

B. TREGGAR.

J. KIRBY.



## The Institute and the Association.

### INSTITUTE OF HOSPITAL ALMONERS.

THE evidence given by Sir Charles Loch before the Lords' Committee of the Royal Commission on Metropolitan Hospitals 1890—1892, was the result of long years of careful study of our Hospital system. This inspired him, as Secretary of the Charity Organisation Society, to take steps whereby the "glaring abuse and appalling waste of skilled attention, time and material" lavished on patients in Hospital Outpatient Departments might be checked.

The Medical Sub-Committee, under the Administrative Council of the C.O.S., was appointed to form a link between the Hospitals and the world outside, and in April, 1894, the attention of this Committee was drawn to an article in the B.M.A. Journal on "Outpatient Abuse." This led to negotiations between the Board of the Royal Free Hospital and the C.O.S. as to the appointment of "a distributor or almoner to be employed at the hospital to commence with the O.P. Department."

In 1895 the Minutes of the Medical Sub-Committee of the C.O.S. show that Miss Stewart, their nominee, was accepted by the Royal Free Hospital Board.

From then until 1905, this Medical Sub-Committee, with Sir Charles Loch as the moving spirit, fostered the work, developing it gradually in other Hospitals and selecting and advising Hospitals as to suitable candidates.

In 1905, at the instigation of Sir Charles Loch, the principle being firmly established, a separate body was formed from this Medical Sub-Committee to be known in future as the Hospital Almoners' Council, whose sole function was to deal with Almoners' work. The members of this Council were drawn from the C.O.S. with representation from the Hospital Almoners' Association (formed in 1903).

This Council continued until 1922, when there evolved our Institute of Hospital Almoners (Incorporated).

Two-thirds of its members are composed of:—

- (a) Members of Governing Boards of Hospitals.
- (b) Members of Charity Organisation Society.
- (c) Members of Medical staffs of Hospitals.
- (d) Members of local Almoners' Committees and training centres.
- (e) Other persons interested in and acquainted with the work of Hospitals and kindred societies.



the remaining one-third being elected annually by the Hospital Almoners' Association from its members.

#### MAIN OBJECTS.

1. To select, train and arrange for the training of suitable candidates for the work of Hospital Almoners.
2. To grant certificates to trained and qualified students.
3. To keep a register of trained Almoners.
4. To recommend trained Almoners to Hospital Authorities.
5. To extend and develop the work of Hospital Almoners.

#### THE EXECUTIVE COUNCIL.

The Executive Council of the Institute consists of not more than 18 of its members, of whom—

1. Six are Associate Members (*i.e.* working Almoners elected annually by the panel of Associate Members) and may not stand for more than three consecutive years.
2. Twelve are other Institute members, two of whom must be representative of the London Charity Organisation Society.

#### HOSPITAL ALMONERS' ASSOCIATION.

The first Almoner, Miss Stewart, was appointed to the Royal Free Hospital in 1895, but it was not till 1903, when there were seven Almoners working, that they formed themselves into a Committee "to discuss the possibilities and difficulties of their work." They sent a representative to the C.O.S. Council, and the minutes of their Committee meetings were read at the Medical Sub-Committee of the C.O.S., with whom there was very close contact. This Committee, having served its preliminary purpose, in 1905, decided to reconstitute itself on a more permanent basis, with a definite Constitution.

By 1912, there were 30 Almoners working, but the Committee consisted only of the 20 Head Almoners, until 27th November, 1912, when a motion was carried "that all certificated Assistant Almoners should be eligible for election, but that the voting powers of each Hospital should be limited to two votes," and the ten Assistant Almoners were elected.

In 1920, the number of members being about 60, this Committee formed itself into an Association with an amended Constitution which remained in force until 1930.

By this year, the membership was over 100, and the meetings were found to be unwieldy. The members were, therefore, divided into five groups, which elect representatives to an Executive Committee to deal with necessary business, leaving matters of policy and interest for general meetings. This, our present Constitution, dates from 30th April, 1930.



The annual subscription to the Association is 12s. 6d., which includes the Year Book, the official organ of the H.A.A.

Members of the Association also contribute to the Institute, and the annual subscription from each member is :

10s. 6d. from those whose salaries are under £200.					
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## The French Organisation of Family Allowances.

The Social Activities of the Caisses de Compensation.  
(Compensation Bureaux).

THE employers who originated special allowances for the heads of families, did not start with the idea of encouraging the movement for increasing the birth-rate. Their aim was to re-establish the balance which had been upset by the rise of the cost of living, between the bachelor and the father of a family.

The recognition of family allowances appears therefore to be primarily an act of social justice. The general adoption of this system was only made possible by the formation since 1918 of the "Caisses de Compensation," whose business it is to distribute the cost of family allowances among the employers participating, without regard to the composition of the personnel of the concern interested.

A family of seven children, during the time that they need support, received from 50,000—100,000 francs (£400—£800), the amount varying with the centre from which it is distributed. The total received by French families, as a result of their position as workers, is round about two milliards of francs (£16,000,000).

---

NOTE—Monsieur Bonissin, Directeur of the Charité Hospital in Paris has kindly sent the following notes on the work done by the medical social workers attached to the French Caisses de Compensation, and Madame Gouin has amplified his sketch in the article printed after it.

So far has the system of family allowances become a normal part of the organisation of labour, that the Government has required all employers to join the Caisses de Compensation, which are under the control of the Minister of Labour.

The Caisses de Compensation have not, however, remained purely as counting houses, but have profited by the facilities for organisation which, thanks to the method of grouping,



are theirs. They have organised social services, to which the firms who belong would not have been able to contribute separately. First came special premiums for births and lactation; then other services suited to the particular conditions of each district. In some parts, notably Paris, there are numerous charities only too anxious to assist the needy, but the working classes do not know of them and access to them is not easy enough. The main occupation of the Social Services will be to make these charities known to all those to whom they could be of use, and to help to start and extend a service of visitors.

Elsewhere, on the other hand, this system of visits already exists and it is only necessary to extend it to the beneficiaries of the Caisse, but charities are rare and insufficient. In this case, the Caisse aims at perfecting a complete medical service.

It is impossible to give even a summary of all the new activities of the Caisses; milk allowances, pre- and post-natal consultations, convalescent homes, holiday camps, clubs, educational publications for the family, etc. Some Caisses go even further; for example, the Caisse of Armentières is organising a family home which looks after children under thirteen while the mother is under treatment. It is even founding a company to assist families in buying gardens and houses cheaply.

In all those directions where they can be helpful in ameliorating present conditions and in improving and developing the family, the Caisses are always ready to lead and bring together people of goodwill. It is thus that they have been most useful in helping to apply the laws of social insurance by starting the earlier mutual assistance societies, now developed into the Caisse d'Assurances Sociales.

The regular distribution of family allowances and the organisation of a social service department of the Caisses de Compensation, have brought about results worthy of mention. The infantile mortality rate for those families connected with the Caisses is 32% less than the rate for the whole country. In addition, encouraging improvement has been made in the health of the mother, the frequency of consultation, the care given to nurslings, and in short, the general conditions of working-class families.

#### MEDICAL SOCIAL WORK FOR FAMILY ALLOWANCES AND SICK FUNDS.

Of all the numerous social activities that our old social order has had to adopt to keep up with the times during the last twenty years, one of the most striking, and cer-



tainly one of the most valuable has been the founding of the "Caisses de Compensation," (Sick Funds).

The family allowance, that is to say the addition to the standing wage based on the family expenses of the worker, has been adopted, with low rates it is true, by certain private and public concerns since 1860. It is, however, only from 1916 that we see them in general use in industry. This is what was said of the origin of this system at the second National Congress at Grenoble, in 1922.

"It was wartime, but also a time of sacred unity. Two years had already passed during which employers and employed had worked in common, their minds turned to the same end: the freeing of invaded territory. Stocks of food were diminishing, factories, deprived of man power, were producing less; and, fatal result, the cost of living slowly but surely rose."

If the single man could scarcely live on his wages, the men with families suffered greatly. It was then that the *Maison Regis Joya* of Grenoble, followed quickly by the *Syndicates Constructeurs Mécaniciens, Chaudronniers et Fondateurs de l'Isère*, decided to grant to all heads of families a bonus for each child under thirteen. The adoption of this happy idea soon became fraught with two grave dangers. It became impossible for the manufacturer to determine exactly the net cost of commodities, since for one process the coefficient wage varied according to the family of the worker, and in consequence the family man one wished to help, risked being ousted from the labour market by the single man whose services cost the employer no bonus, and no variations in the calculation of the net price.

It was then that M. Romanet, director of the *Maison Regis Joya*, had the idea of starting amongst the employers paying the allowances, a sort of "benefit" against the risk of inequality in the families of their employees. This became the "Caisses de Compensation."

The anticipated charges are distributed to the workmen, either by the Caisse, or directly by the members, but anyhow the Caisse determines the sum to be estimated in the first place, and shares it out among its members in proportion to their importance.

This importance is determined either by the size of the personnel employed, or by the total of the salaries or by the number of hours worked.

The success of the scheme was complete. In 1920, there were six Caisses which had paid out four million allowances



to 50,000 workers; in 1930, 232 Caisses which had paid 342 million to one million 820 thousand workmen, or employed.

Family allowances are divided into two big categories: 1—the premiums. (Marriage, births, lactation). 2—the real allowance for the actual upkeep of the family, legitimate children or wards, up to thirteen years.

Each Caisse fixes the rate of the mode of distribution according to the cost of living and customs of the vicinity in which it works. The Paris bureau gives 30 francs per month for the first child, 70 francs for the second, and 120 francs for the third, and 80 francs for each child after the third.

It was not long before it was realised that these efforts would not be entirely satisfactory so long as they were confined to the mere distribution of money in an impersonal way. So guided by local requirements, the Caisses gradually took to themselves those most interesting social services, whose main object is the health and welfare of the children.

It is nearly always through the good offices and intervention of the visiting medical social worker that the Caisses have been able to extend their original functions.

The first entry of the visitor into the home is always in connection with a birth, probably for the payment of the premium, and she is immediately given the family confidence, and is asked to watch not only baby's health, but also that of the other children and finally that of the parents. Her advice is asked on endless episodes of family life, and she accomplishes wonders in hygiene and morale.

We find that the infantile mortality rate fluctuates in the Caisses from 1.09 to 1.74 per cent., whereas in the general population of France it is 1.77 to 1.84 per cent. The deaths of infants under one year in the Caisses are 5.67 to 6.69 per cent., while for the rest of the country they are 8.3 to 9.70 per cent.

Thanks also to the fact that the medical social workers are in contact with reality, the Caisses can fill in gaps in their services. In consequence they have organised medical consultations of all sorts, holiday camps, "preventoriums," social centres, housekeeping courses, etc., etc.

The Paris Caisse employs 120 medical social workers who in the course of the year made 140,000 visits in their various areas, which are often very large and straggling, as the Paris region comprises suburban neighbourhoods.



It is interesting to note that 95 per cent. of these visits have been at the families' own request, which is the best proof of the cordial welcome given to the worker. One might have feared that the workman, imagining the visitor an emissary from the firm, would not receive her graciously, but he realised at once that she did not represent the employer, that she does not in fact know him, as her area contains employees of hundreds of different firms. He knows that the Caisse is an anonymous and collective organisation. The authorities of the scheme have a quite separate inquiry department, so that the social service visitor shall have nothing to do with this side, her visits being made with the sole object of social welfare. Thanks to the wisdom of this policy, one is able to say, after fifteen years of experience, that the premiums and allowances do not undermine the moral fibre of the recipients, but, on the contrary, there are many examples proving that the families have increased their own strivings after independence and social well-being.

New families are usually brought to the visitor's notice by the factory, either because the wife has declared that a new infant is arriving, or because the man has gone on the sick list, or for some other family trouble, made known to the employer. All correspondence is dealt with through the Caisse, and there is never any direct communication between the medical social worker and the factory.

Once a week, at a fixed time, the visitor makes her report to the Caisse and often asks the advice of one of the four experienced workers on any especially difficult case. All the visitors meet together in conference several times a year so that, although they work on individual lines, they are able to take council together and discuss their common aim.

This, therefore, shortly is the work accomplished by the "Caisses de Compensation." Their methods have proved particularly suited to France, their members growing in numbers yearly. It is curious that, except for Belgium, their example has not been followed by any other country. In Great Britain the question has been studied, but for various economic and social reasons it has not proved desirable to start such a system; so true it is that every country and nation must find to its own problems the solutions adapted to its particular ideals and customs.

S. GOUIN, *Assistante Sociale.*

---

## Social Work in a Provincial City.

BY MISS M. L. HARFORD,

*Secretary of the Sheffield Council of Social Service.*

THE comparison of social work in the provinces with London is bound to be chiefly a study in contrasts—except perhaps in cities of the size of Liverpool, Birmingham and Manchester. Principles, however, must remain the same and interest comes in working things out amid such varying conditions.

It has been said that while "Rome was built on seven hills, Sheffield was built on seventy." The stranger is apt somewhat painfully to acknowledge the truth of this saying unless she is lucky enough to be the possessor of a certain famous make of small car which takes delight in scampering up the steepest gradients. Whatever the method of ascent, such a city, however, provides compensation, since a line of green hill-side may break upon one at the end of the slummiest street, or, climbing a seemingly unending height on a winter's night, suddenly a vista of twinkling lights is seen stretching for miles along the sides and bottom of the valley below.

Secure among her hills, Sheffield, with her population of half a million, has built up a strong individual life through those industries of coal and steel which dominate her fortunes. The "buffer girl" (silver polisher) with her picturesque red handkerchief covering her head, and the "little mester" in his cutlery "shop," are still to be found, though competition and other causes have lessened the ranks of the latter.

Amid our mainly industrial life, we are a friendly race\* and a humorous one. Indeed, any one used to the Cockney will find himself at home among Yorkshire "back-chat." We have a horror of flattery and are apt to apologise for any apparently complimentary remark, but we respond instantly to a direct pleasant manner. We are said dearly to love "summat for nowt," but are thoroughly ready to pay for value received and hold the honour of being the first provincial city to initiate a contributory scheme for the Hospitals.

\*We remember the indignant South country lady visiting a married daughter in Sheffield, who complained that the cabman had addressed her as "Luv!" To which her son-in-law dryly replied it might have been "Ma!"



As to sport, are we not the home city of "Wednesday" and "t'United"? And for other amusements and recreations, apart from "t'pictures," and such ordinary delights of an industrial city, we are a strong-hold of the rambling movement, and, with our "pals," stream out to the Derbyshire moors and hills every week-end.

So much for geography and a few leading characteristics, as giving some idea of the framework amidst which social work is carried on.

But what exactly is this social work? What does a provincial Council of Social Service do? What part does casework play in its activities? So the London worker may ask.

First of all then, a Council of Social Service aims at being a co-ordinating (a tiresome word—since who wants to be co-ordinated?) centre for the social work of a town. It endeavours to act as a liaison officer between statutory and voluntary bodies and provides a meeting place where the experience of its constituent bodies may be pooled. By this means it surveys the field of local needs and by the coming together of all interested groups—Government Departments, Corporation Committees and Voluntary bodies—strives to get to the root of local problems and to meet other community needs as they arise. To illustrate: if Francis Thompson saw the poverty of London as a great sea of bitterness into which kindly disposed people were throwing lumps of sugar to sweeten it, modern Councils of Social Service are trying by concerted effort to dry up the streams of bitterness at their source.

Recent examples of this type of activity in Sheffield have included—(a) the forming of an *ad hoc* committee, in conjunction with the local branch of the Council for the Preservation of Rural England, for the saving of a large tract of beautiful Derbyshire moorland. This was accomplished by means of co-operation with local authorities who bought up the major portion for water rights, and the raising of a large sum of money to purchase the remaining area for the National Trust; and (b) the preliminary organisation of the Sheffield Allotments for Unemployed Scheme, by which unemployed men and short time workers were enabled to obtain plots at reasonable rents and secure assistance in the provision of seeds and fertiliser. Other services include a Juvenile Organisations Committee, the founding of a large Boys' Club in an industrial district, a pioneer canteen at a

local hospital, the organisation of a Blood Transfusion Service, a Citizens' Information Office and a Personal Service Sub-Committee.

From this it will be seen that a Council of Social Service is of necessity a kind of social "Maid of all Work," sometimes lending a hand in one direction and sometimes in another, and meanwhile carrying on certain basic services. And of these, its case work branch, formerly known as the Guild of Help, now working under the name of Personal Service Sub-Committee, is probably locally still the best known of the Council's activities. It is naturally this branch of the work with which the hospital almoner first comes in touch and with which this article is chiefly concerned.

From this department the almoner may learn first of the distressing dearth of those useful organisations which appear to honeycomb the Metropolis. "No, we have no Care Committees in Sheffield—nor a Hospital Saturday Fund, nor I.C.A.A., but we have a Cripples' Aid Association, a Voluntary Association for the Care of the Mentally Defective, and our Blind are very well cared for." "Visiting? Well, we will gladly do any emergency visits for you and others as we can, but we advise you to train your own volunteers for after care work."

Here then appear two outstanding differences from London work—(a) the personnel for visiting; and (b) the much smaller number of organisations for assistance. To deal with the visiting question first. Since a student is a rare arrival amongst us (though now that the Institute of Hospital Almoners has agreed to allow Sheffield candidates to take half their case work training locally, we hope to have more), all our visiting has to be done from the office or through volunteers. As the number of suitable volunteers slowly increases, this fact has its advantages since local helpers are not such "birds of passage" as the average student, and are also mostly people with some experience of life. When possible, we attach these voluntary workers to a Case Committee and in various ways provide some measure of training. In outlying districts, we trust to some experienced person of good will (when to be found) who will investigate and act as friendly visitor on our behalf. (Here, however, it must be remarked that in most provincial towns where case work was originally organised by a Guild of Help, district committees exist who carry out case work under the direction of the Central Office. This system formerly existed



in Sheffield also, but latterly, on account of local conditions, the work has had to be organised from the centre alone). In these and other ways a body of experienced workers can be built up, though the much smaller middle class population of an industrial city narrows the field of recruitment of people with sufficient leisure to undertake certain kinds of cases.

To pass on to the type of agency available for co-operation in family welfare. In certain directions we are highly organised—there is a high standard in public health work and the “penny in the pound” Scheme makes it possible in normal times for the industrial worker to secure the benefits of hospital and convalescent treatment for himself and his family.

In other directions, National bodies such as the N.S.P.C.C., have their local branches and the needs of ex-service men and their families are catered for through the usual channels. But there *are* gaps and part of the fun of life in the “wild North” lies in planning how to bridge such gaps by experiments which may grow into new services.

Contact with the local authority and Government Offices is close and opportunities of mutual co-operation are increasingly made use of on both sides. In this our Citizens' Information Office plays no small part. Harrassed Civil or Municipal servants are thankful to pass on enquiries of all kinds to the Council of Social Service, and the Public Assistance Officers are not slow to realise the possibilities of the Poor Man's Lawyer sessions nor other sources of information available to our clients. In all these contacts we find the old rule holds good, that in dealing with new departments or fresh officials, a personal interview should start the first, if no other, piece of desired co-operation. Acquaintance thus established, we have little fear of the misunderstanding, which a slip in correspondence or on the telephone, may cause between strangers.

One encouraging result of such co-operation came recently when in more than one Yorkshire town the organisation of all or part of the Coalfields Distress Fund was entrusted to the local Council of Social Service by the City Council.

Other bodies with whom the Personal Service Committee has close touch are the Rotary and Sorooptimist Clubs, while *hoc* H, the League of Women Helpers of *Toc* H, and the

Round Table (Junior Rotary Club), look to the Council of Social Service for advice as to the types of social service available to their members.

Yet another form of service rendered to outside bodies has been the investigation made annually into the circumstances of fresh applicants to certain charities administered by the Cutlers' Company and other groups of Trustees.

Co-operation with religious bodies is covered officially by representation on the Council of Social Service, but in practice it would appear less close than in London. Individual clergy and ministers—terribly under-staffed in certain areas on the Church of England side—make use of the Personal Service Branch, but possibilities in this direction remain to be explored. As usual, valuable advice and help is received from the Medical profession, and close touch is maintained with all the local hospitals. Since the advent of the trained almoner in the land, occasions of co-operation have naturally increased. Whether it be the gentle accents over the telephone of one dealing with the vexed question of dentures, or the kindly determined tones of another suggesting just a *few* more special visits, we welcome the re-inforcement of the case work outlook which their arrival has meant.

For yet another feature of provincial conditions up till now has been a certain loneliness in work. It takes time to discover those natural case workers who exist everywhere, whether in the pages of Shakespeare as revealed by Mr. Pringle, or in the local Police Office (as we have more than once discovered), and meanwhile a kindred soul who talks the same kind of jargon, is a priceless boon!

Of loneliness of a more social kind, much depends on the individual, her tastes and outlook. In a University and Cathedral city, intellectual interests are naturally available, while music and art have their place in most towns of any size. Here in Sheffield, as in other Northern towns, in addition to the usual commercial theatres, we have an excellent Repertory theatre and one or two dramatic societies which produce plays of uncommon interest. As to more friendly entertainment, Yorkshire people are rightly noted for hospitality and there are plenty of all ways of thought on the various Boards and Committees, to welcome the stranger in their midst.

To summarise some of the differences between London and provincial conditions (not *work* since that of necessity



remains the same) indicated in this rather sketchy account of one Yorkshire city:—

Voluntary workers, as a rule, take the place of students in case work and after care visiting;—organisations for assistance are far more scarce;—life is generally less sophisticated. On the other hand, strong local feeling makes for a far closer community with corresponding increase in friendliness and scope for personality. Where there may be a hundred trained workers in London with much the same background and capabilities, in a provincial city of a population of 500,000 and under, the same type may number less than a dozen. This means an extended area of influence and plenty of outlet for adaptable people with individuality who can recognise local possibilities and sympathetically direct that definite urge towards social service which is showing itself in all walks of society.

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## **The British Red Cross Clinic for Rheumatism.**

AT PETO PLACE, LONDON, N.W.

**A**LMONERS are growing accustomed to the idea of working in institutions which specialise in one particular disease. The British Red Cross Clinic at Peto Place deals with rheumatism—and rheumatism only, including arthritis, lumbago, muscular rheumatism, sciatica, neuritis, etc. Acute rheumatism, with fever, is not treated, as provision is only made for out-patients. The Clinic is, at the moment, the only one of its kind, but that unique position will not be tenable long, for the public is slowly waking to the realisation of the prevalence of the rheumatic group of diseases and is correspondingly interested in the possibilities of cure.

In 1926 the Minister of Health reported that “nearly one sixth of the industrial invalidity of this country is due to diseases classed as rheumatic,” and that “the cost of this group of diseases amounts to nearly £2,000,000 a year in sick benefit.” These figures spurred the Approved Societies and kindred organisations to action. They decided, with the sanction of the Ministry of Health, to recommend that the treatment of rheumatism should be given as an Additional Benefit under

the National Health Insurance Act, provided that the best methods known could be administered. They also decided, on the report of their representatives, who visited Clinics for industrial workers on the Continent that England was far behind the times. They therefore approached the British Red Cross Society with a view to co-operation in establishing an experimental Clinic in London, to be, it was hoped, the first of a chain of clinics throughout the Country.

Thus the Peto Place Clinic was born. It is now a year old. The Medical Staff consists of five Honorary Physicians and their Clinical Assistants, five Consulting Specialists to advise where the opinion of a Dental Surgeon, Gynaecologist, etc. is required, a Radiologist, Pathologist and Medical Registrar. The Matron has a staff of sisters, nurses, masseurs and masseuses. The administrative and general departments include accountants, clerks, porters, stokers, cleaners, etc. and there are three trained Almoners. The Clinic is trying to support itself on money received from and on behalf of patients. There is a "private patients'" department, where the fees are fixed and treatment is "private," but throughout the building the financial burden is a heavy one, largely because the expense of the treatment is so costly and the standard of the treatment given is so high. The Hydro-therapeutic department contains immersion pools, vapour and hot air cabinets, Aix, Scotch and Vichy douches, aeration, medicated and whirlpool baths. Treatment, in all cases administered by qualified members of the Chartered Society of Massage and Medical Gymnastics, also includes mud-packs, paraffin wax, and general massage and the patient usually concludes with a prolonged rest. In the Electrical Department all forms of electrical and light treatment are given. Injections, vaccines and plombiere treatment are also undertaken. The clinic treats on an average over 300 patients a day and all have their appointments booked to time.

Those Almoners who are not hopelessly resigned to witness, in the crowded Out-patients departments of our General Hospitals, the long hours of waiting most patients have perforce to suffer, may be interested in the methods adopted at Peto Place. The Booking Clerk sees all patients after they have seen the Physician and makes their appointments for treatment at the time most convenient to the patient, taking into consideration, also, the duration of the time that the treatment will last, the apparatus available, the space in the dressing rooms, etc. The appointments are kept on large boards, divided vertically into columns by narrow tapes. These



tapes have small brass-headed nails at regular intervals down each and into these intervals the patient's name, written on a slip of cardboard is slipped. The basis of this method can be illustrated by a sketch :—

TIME.	VICHY.	AIX.	HOT AIR.	POOL.
9.0	A. Jones	L. Todd	T. Hart	E. Rodd
9.20	M. Smith	N. Green		F. Dice
9.40	P. Cox		C. Coln	G. Hill
10.0	F. Field	B. Berg	O. Ross	H. Ikey
10.20			D. Dare	K. Koln
10.40	S. Mears			R. Moses

As the medical notes of each of the five physicians are of different colours, so each patient's slip of cardboard is coloured accordingly. It will be obvious from the sketch that, at the moment, there are certain times vacant. Mrs. Jones, having been given her time for Vichy at 9 o'clock, remains on the Board until she is discharged or until her treatment is changed. If Mrs. X, a new patient, wants an appointment, she can have a Vichy at 10.20, but if she has been recommended for Pool she will have to be put on a waiting list. Again, if Mrs. P. also a new patient, is ordered Hot Air, followed by Aix, she can have 9.20 and 9.40, but if she is ordered Hot Air, followed by Vichy, it cannot, at present be done. From this, it will be clear that when complicated treatments are recommended, the Booking Clerk's job is a glorious jig-saw.

The Clinic is open from 8.30 a.m. till 9.30 p.m. every day except Sunday. There are no "beds" and no one "lives in." The hours involve shifts in the time-table of the Staff. All the treatment and clerical staff are therefore duplicated. In the absence of a full-time Secretary, the Almoner at Peto Place has administrative duties as well as those connected with her own department and is responsible for the admission, filing and booking clerks, cashiers, etc. Every month she is required to send in a written report

(with statistical returns of payments, attendances, etc.) to the House Committee and to attend to speak to these reports.

Interesting case-work is by no means hard to find. Social service particulars gathered in the Almoners' Office often bring to light details which are considered predisposing factors in the cause of rheumatic conditions. The girl with early rheumatoid arthritis has usually a C3 physique and if this can be turned into A1, the chances of recurrent attacks are lessened. One of the Physicians at the Clinic picturesquely described our job as that of turning the worn out Ford into a Rolls Royce. It will be obvious from such a statement that the usual words "convalescence," "extra nourishment," "freedom from anxiety," etc. have their significance even at a clinic for rheumatism.

"Follow up" work has also its place in the team. With an average attendance of 300 patients a day, the percentage of those who "lapse" during any one week is not likely to be a negligible figure. Only by some routine arrangement can one keep pace with the work. Patients, of course, who do not keep their appointments are a dead loss. Their time cannot be filled too soon, without running the risk of two persons coming for the same treatment at the same time. Yet patients consider that when they have paid for their treatment such an embarrassment should not occur. They forget that their payments, in by far the greater number of cases, do not cover even half the cost. The grants from Approved Societies, under Additional Benefit 16, do not cover more than half the cost of the treatment, on behalf of their members. Such considerations have forced the Committee to fix a minimum fee, for less than which no patient may attend, and the Almoners are faced with the problem of raising the balance for those who cannot meet the minimum!

The future of the Clinic, on financial grounds, is therefore precarious. The need for such a clinic has been amply justified in the first year of its existence. On the whole, results also have been encouraging. Out of 627 patients sent by Approved Societies to the Clinic, 229 were discharged during the period and of these forty-one per cent. of men and fifty-five per cent. of women were able to continue at their work throughout treatment. A further twenty-nine per cent. of men and twenty-five per cent. of women were able to resume their normal work as the result of treatment. Thus on the completion of treatment a total of seventy per cent. of men and eighty per cent. of women had sufficiently improved to be able to follow their usual occupation. There is little doubt that the work of the Clinic is likely to become



increasingly valuable as greater advantage is taken of the facilities offered for the treatment of rheumatism in its earliest stages.

Those who, in the future, may possibly be instrumental in advising their friends to apply to the Clinic, cannot bear in mind too clearly, the importance of sending the early case. The first small symptoms, like the swelling of a finger joint are never "too insignificant to bother"—Even though the Ford car cannot change its make, it can at least be saved from hopeless ankylosis and be given by care and perseverance many more years of full and useful life.

The interest of the work at Peto Place is bound up with several points, which, in conclusion, may be summarised as follows :—

- (1). Owing to the heavy cost of apparatus an irreducible minimum of fees has had to be instituted, leaving the burden of appeal work on many particular cases on the shoulders of the Almoners.
- (2). The character of the treatment and the number of cases attending, necessitates an appointment system without which chaos would be inevitable.
- (3). The work of sorting cases of rheumatism is unusually heavy owing to the ignorance of the public who are inclined to consider any pain rheumatic and to the varying causes and predisposing factors that are still to be explored and classified.

M.W.E.

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## Social and Economic Aspect of Hospital Treatment.

BY DR. J. A. H. BRINCKER OF THE L.C.C.

BEFORE proceeding to deal with future proposals as to how the social and economic side of Hospital Administration should be developed, it will be as well to set out the following considerations :—

*Firstly.*

Prior to the passing of the Local Government Act, 1929, all municipal hospitals were controlled by the Poor Law Acts and were being administered in accordance with various Rules and Regulations laid down by the Ministry of Health.

*Secondly.*

Since the passing of the Act most hospitals are still being administered under the Poor Law, but in accordance with a new Instrument drawn up by the Ministry of Health.

*Thirdly.*

When the hospitals are finally appropriated and become municipal Hospitals in the true sense, they will be completely freed from the restrictions of the Poor Laws. Public Health Authorities will then be free to develop their own hospitals on purely Public Health lines.

As soon as the hospitals are appropriated the opportunity to develop the Almoner's side of Hospital Administration will present itself.

*Fourthly.*

To a great extent this is entirely new ground for development, but in a limited degree we already possess the experience of Bradford where all the hospitals were municipalised in 1920, when an Almoner's department, which has been very satisfactory in every particular, was established.

1. Prior to the passing of the Local Government Act, 1929, the relieving officer was responsible for carrying out the whole of the financial and social aspects of medical treatment and care. This was continued after the act came into force by the formation of a Special department called the Public Assistance Department. This department is quite separate from the Public Health Department and carries out the duties of relief including those which strictly correspond to the function of an almoner, at a voluntary hospital.

2. A further step forward will be taken when the hospitals are appropriated on April 1st next. It is then proposed to set up a bureau or clearing house which shall allocate patients according to the accommodation available at the appropriated hospitals. This clearing house will serve all the hospitals in the L.C.C. area and so avoid overlapping. For this purpose a very close understanding and co-operation will be necessary between all the hospitals in the area. These hospitals will have to provide for patients who are able to make their arrangements and pay in full for their own care and treatment, as well as for the patients who come under the care of the Public Assistance department and, therefore, are still Poor Law patients.



3. In addition to in-patients there will also be a limited out-patients' department attached to some at least of the appropriated hospitals, but this department will cater for patients of a different type from those served by the voluntary hospitals. We know that the out-patients' departments in London, at any rate, are so full that they cannot possibly deal with all their cases and that the municipal hospitals will provide much needed relief by taking over some of these. This is a matter, however, that has not yet been settled or even discussed. The out-patients' departments contemplated and already in operation at some of the general hospitals will be limited to receiving and treating the following classes of case :—

- (1). All casualties and emergency cases brought to these hospitals.
- (2). Patients who have been discharged from the municipal hospitals and who still need treatment and after care.
- (3). Women who have booked a bed in the maternity wards and who are meanwhile required to attend the ante-natal clinic attached to the department.
- (4). Patients referred to the hospital by the district medical officer either for purposes of consultation or for special treatment. The latter would, of course, include cases dealt with in the various special departments of the hospital such as massage, X-ray, electric treatment, pathological and biochemical laboratories, etc.

4. The duties in regard to assessment and the provision of public and voluntary amenities which it is proposed should for the present be carried out by the Public Assistance department greatly exceed those at present carried out by Almoners at the voluntary hospitals. It would, therefore, be impossible for a single almoner to carry out all this work in connection with social histories, assessment, collecting money, etc., both for the in-patients and out-patients who are not admitted, or treated on a relieving officer's warrant.

In the larger hospitals a considerable almoner staff will have to be built up ; this will require time and the money for it will have to be found.

5. Meanwhile the municipal hospitals are still being administered under the rules and Poor Law orders, and these duties of relief, assessments, etc. are being carried out by the relieving officer, whilst the costs are being borne by the Public Assistance department.

6. After April 1st, 1931, the hospitals will have been appropriated and much of this work will naturally be carried out on behalf of the Public Health department by whom the costs will have to be borne.

7. After April 1st, the present duties of the Public Assistance Department will naturally fall into two parts, namely—

(a) work for which the Public Assistance Department is entirely responsible and which will be continued to be carried out by the relieving officer, and

(b) work which will become purely public health work and which should be done from an Almoner's department.

8. This question was quite recently discussed by the L.C.C. and for many reasons it was decided that for the present at any rate, the Public Assistance Department should continue to carry out all the duties and that they should act as agents for the Public Health Department.

The Public Assistance Department would appoint Almoners to do the work, but these Almoners would be on the staff of the Public Assistance Department.

NOTE.—The whole matter is still under review and unsettled.

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## An Outside Impression of Hospitals and their Almoners.

BY R. SAUNDERSON.

WHEN I was asked to write an article on the work of Hospital Almoners I weakly consented, partly because I have never said "No" to a Lady Almoner, and partly because, after more than 30 years' experience of Almoners and their doings, it seemed as though I ought to be able to say something from the point of view of an outsider that might be of some interest and possibly of some value.

But on thinking it over, I find that my task is not as simple as I had thought. It would be easy for me to say soft things about the Almoners, to congratulate the Institute on the high quality of the candidates who are selected for training, and on the striking efficiency of the Almoners with whom it has been my privilege to co-operate in different parts of the Metropolis, and whose behests I have always



done my best to carry out, and generally to dilate on the enormous value of the Almoner system as an instrument of constructive social service. I could say quite a lot on these lines and say it with no less pleasure than conviction, but I fancy this is not what is expected of me. The point of view of the outsider, who is assumed, somewhat gratuitously, to see most of the game, is that of a critic, and I have to play that part as best I can. It is easy to sit in one's office and crab other people's work, but C.O.S. Secretaries have very special reasons for keeping in mind the adage about residents in glass houses, and being myself a C.O.S. Secretary I mean to try very hard to use charity and moderation in putting forward such points as occur to me.

In some quarters Almoners are accused of being "autocratic," but I do not myself think this criticism can be justified. It is the nature of woman to want to control the movements of other people, and the position which an Almoner occupies at a Hospital gives her many opportunities of exercising authority over the patients and of forgetting that it is not her business to settle their affairs for them, but to pass them on to outside agencies for any assistance, other than medical, which may be needed; that, in short, her proper function is to co-operate rather than to dominate. The fact that, in spite of the temptations to which she is exposed, I can think of no instance of abuse of her powers by an Almoner is, I think, somewhat remarkable. It shows what care is taken to see that the candidates possess the necessary qualifications for their very difficult job, and it is also a testimony to the value of the training which they receive in the C.O.S. offices and elsewhere. I may say here that in my tutorial capacity I make a point, in case of need, of warning the student, whether male or female, against the sin of arrogance.

I cannot, however, acquit the Almoners of another charge that has been brought against them, *viz*; that consciously or unconsciously they have hitherto excluded men from the profession. I think that Almoners would agree that, as a general rule, social work is more efficiently done if both men and women take part in it, and that all departments of social service, except where there are obvious reasons to the contrary, should be recruited from both sexes. I can see no reason why a man should not be perfectly competent to carry out the duties of Almoner, and I think that the Institute would be in an even stronger position than it occupies to day, if this principle had been recognised.

It is curious that, so far as I can discover, this point seems never to have received the consideration which it deserves. I have taken a good deal of trouble to find some reference to it in the literature of the subject, but I searched in vain until I came upon it by chance in reading the minutes of the evidence taken by the Committee which was appointed in 1912 by the King's Fund to inquire into the out-patient system. The Secretary of a Hospital, which was at the time in the unique position of possessing a male Almoner, was giving evidence, and I quote *verbatim* what passed between him and the Chairman of the Committee:—

*Question* : “ You have, I understand, only one Almoner attached to your Hospital ? ”

*Answer* : “ Only one.”

*Question* : “ Is it a man ” ?

*Answer* : “ It is a man, it is the only male Almoner.”

*Question* : “ As a rule they are ladies ? ”

*Answer* : “ Yes, and ladies are usually better if they are suited for the work. I mean ladies who are really ladies.”

*Question* : “ They do their work better than men ” ?

*Answer* : “ I think the Almoner's work is ladies' work.”

Readers of the Year Book ought, I think, to be grateful to me for having unearthed this priceless conversation. And may I, parenthetically, take this opportunity of strongly advising them to make a point in future of reading the evidence that is given to Commissions and Committees instead of, or as well as, the Reports of those bodies ? The evidence is far more instructive and entertaining, and it often conceals “ gems,” such as this, “ of purest ray serene.”

The Committee did not apparently discuss the sex question with any other witness, and I am unable to say if they expressed any opinion on the point in their Report, but I would call attention to the fact that the witness and the members of the Committee were all males, and that the male Almoner is referred to as “ it.” This is sufficient proof to my mind that those present were not competent to discuss the question, much less to settle it. Anyhow, I remain of the opinion that there is plenty of scope for both men and women in the Almoners' profession, and I regret that the office of “ Lord ” Almoner is still waiting for an occupant.

My experience demonstrates very forcibly that that side of the Almoners' work which brings into action on the patient's home circumstances the resources of the appro-



prate local agencies, has reached a very high pitch of excellence. Realising, as I do, that the Almoner is working at very high pressure, I consider it most remarkable that she should make so very few mistakes. Not long ago a woman called at my office on the advice of an Almoner who asked if we could help her with dentures. She was interviewed by one of my colleagues, a man, who very soon made two discoveries, first, that she was quite able and willing to produce the money for her teeth, and secondly, that she was much relieved at finding that he was not a dentist, as she had assumed. It was obvious that she and the Almoner had not understood one another, and I only refer to this incident, because it so very rarely happens, and because something of the kind might so very easily happen more often, if Almoners were less impeccable than they are.

But in regard to the success of the other side of their work, that which has to do with the checking of abuse of the Hospital by patients suffering from trivial and chronic ailments and those who are in a position to pay for private treatment, I feel somewhat doubtful. I quite appreciate the fact that Almoners have no direct responsibility for the way in which the out-patient departments are conducted, but it was certainly hoped, when the system was first introduced, that their operations would lead to a reduction of overcrowding and a more considerate treatment of the patients. If I am right in this assumption it is disappointing to find that, speaking generally, little progress seems to have been made in the improvement of the out-patient department in the last twenty years. My doubts are founded partly on my own observation, which I admit is not by itself extensive enough to be convincing, but chiefly on what I have read in the pages of "The Hospital." In two recent issues of that journal there appeared an article by the House Governor of the General Hospital, Birmingham, and a very striking account by an Out-patient of his personal experiences at more than one Hospital. The former insists that "The Voluntary Hospitals ought to improve their organisation so as to show very much more consideration to their patients," and, "we have no right to keep patients on a waiting list without telling them that they have to wait months for their treatment, and particularly have we no right to do this when delay will be really serious to them.... Our out-patient departments (and many of our Casualty departments) are unworthy of a system which prides itself on showing consideration to the patient as an individual. Why should hundreds of people be herded together in large waiting halls,

and told they must arrive by, say, 9 a.m., when many cannot be seen until 12.30 or 1"? "Out-patient" gives a detailed picture of the conditions, and lays stress on the depressing effects which they must have on the more impressionable type of patient.

I do not share the faith which some people have in the administrative virtues of popularly elected bodies, but it is probable that the development of municipal Hospitals and of the contributory system will stimulate a more general and intelligent interest in the management of the Voluntary Hospitals. And I feel sure that if it is at all possible for Almoners to use their influence to bring about a better state of things in those Hospitals, where the need exists, they will do what lies in their power in the interest of the patients who come before them.

## The Hospital Almoner—The Real and the Ideal.

By P. M. HOWELL.

THE Hospital Almoner appears to outsiders to have such unlimited advantages that other workers—handicapped by having to raise funds for salaries, offices, heating, lighting, etc., etc., obliged to work and make decisions without easy reference to the Doctors concerned—are apt to be disappointed when they fail to find the guidance for which they look to the Hospital.

The Almoner can do and often does an immense amount in the way of giving and gaining information, particularly if she maintains a close personal touch with the outside world and its activities. She can bring to those trying to help from outside the Hospital the expert's view on each patient's case, and can learn from other Societies and Hospitals new methods of dealing with common difficulties, fresh views on any subjects presenting unusual complications.

I do not know how much interchange of ideas there is even between the Almoners of different Hospitals, and how they all consider re-adjustments of their methods of work. I am not certain whether Samaritan Funds administered by the Almoner are a blessing or a drawback, but it seems to me obvious that the Almoners who have to do with the smallest or most closely guarded Samaritan Funds usually do the most constructive and co-operative work.

From my point of view Almoners are divided into two classes, quite irrespective, as far as an "outsider" can see, of



preliminary vocational training, of the kind of Hospital they serve, or of any other factor.

The Almoner who succeeds in gaining the confidence of the members of the Staff so that they realise the value of her contribution to the plans being made for the patient.

Who realises that hers is the Department expected to keep abreast of outside events and social advances, showing the Doctors how each may be put at his disposal, and being in a position to pass on any information about outside Hospital accommodation and facilities likely to be useful to their patients.

Who takes the trouble to learn from outside agencies what they can sometimes suggest for a patient, who gives out and imbibes much useful knowledge by meeting others interested and above all by learning what other Hospital Almoners are doing in similar circumstances.

Who makes it her business to know enough of the medical side of her work to appreciate and answer some of the difficulties and queries raised from outside.

Who appreciates the fact that she is in a position to give considerable help and encouragement to those workers who are less well equipped to tackle real difficulties.

Who holds firmly to the idea of education and self help being the one ultimate hope for the patient leaving the Hospital.

The Almoner who appears to accept literally the suggestions given her and fails to realise the potential value of her previous training and experience of social work.

Who seems to regard training as completed when her appointment is made and allows subsequent knowledge from the outside world of work to reach her in a somewhat haphazard way, often imperfectly understood.

Who remains within her own necessarily circumscribed circle of co-workers and only refers to outside agencies for patients requiring, in her opinion, a specified form of material help.

Who seems prepared to accept and pass on recommendations of which she appears to have a somewhat imperfect understanding.

Who expects too great things from less experienced workers and those labouring under very difficult conditions.

Who is prepared to accept things "as they are" and to think that outside help can usefully be called upon before individual effort.

And thus, in my opinion, is the ideal Almoner to be found, and in such an ideal manner does she perform her heavy and highly skilled work. All cannot have the same ability, discernment, or even opportunity, yet I know from my long working life among the London Hospitals how those of us "outside" may confidently rely, not only on the friendship and camaraderie of the Almoner as a co-worker, but also on her appreciation of our good-will towards her Hospital.

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## The Almoner and the School Care Committee.

By J. A. RACKSTRAW.

THE Care Committee of the London elementary school is composed of voluntary members working under an honorary secretary. There are roughly a thousand of these committees with over five thousand members. Certain duties are delegated to them by the Education Authority. These include the assessment of necessitous cases for school meals, for maintenance at residential open air schools, and medical treatment under the London County Council scheme, and the following up of recommendations to obtain treatment made at school medical inspections. A multitude of other problems may be referred to the care committees, and it depends on the enterprise and strength or special bias of the members how these will be tackled.

The District Care Organisers, with a small staff, form a permanent frame-work for the scheme and are responsible for its general working and development.

It follows from these brief observations that the ideal Almoner is one who distinguishes, first, between the functions of the official and the volunteer and secondly, between the statutory and the voluntary duties of care committees. For instance; it is to the honorary secretary of the care committee that she would write about Tommy Smith (and oh, mentioning the name of the school he attends!) but, as honorary secretaries are apt to move or change, the letter should be sent through the organiser, to whom also questions of principle and procedure should be directly referred. Again, if the Almoner thinks Tommy ought to have dinners in school it is well to remember that the care committees have no authority to grant them unless Tommy comes within the terms of the Act. Yet again, Tommy may be conspicuously



in need of boots, but a boot club may or may not be an activity on which his particular care committee has voluntarily embarked. If they have no club, they will doubtless struggle to bring Tommy into touch with some other source of boots, but the discreet Almoner will be better advised to report the difficulty than to write as though the members of the care committee were themselves responsible for supplying the deficiency, and the same argument applies to spectacles.

Lastly, let us remember, in spite of the number and variety of their cases, that the care committee workers are deeply interested in all that befalls their children. The parents are constantly being seen and quotations, accurate and the reverse, from their hospital friends are always being produced. The more closely the Almoner is able to keep the care committee informed of all that concerns a school child patient, the better will the voluntary Hospital and the voluntary School Care Committee be able to help one another in their common cause.

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## Hospital Almoners and Psychiatric Social Work.

BY KATHLEEN E. BUTLER.

*Chief Social Worker, London Child Guidance Clinic.*

PSYCHIATRIC social work is called for where mental illness of any kind is under consideration and treatment. The scope is wide, ranging from behaviour problems in children, "nervous" illness in adults, to definite psychoses in Mental Hospital patients. It is therefore in one sense, that of its medical origin, a specialised branch of the great field of medical social work. The psychiatric social worker attempts to know the theory of dynamic psychology and to apply it to case work, assisting in the investigation of historical causes, in modifying and adapting the environment and the attitudes of those nearest to the patient.

It will be seen that the question is one of using old, well-tried tools in a new way and it is therefore essential that a general knowledge of social work should precede this specialisation. The more experience a worker has had in other fields of case-work the better is she equipped for penetrating into fundamental issues and for the realising, without

too much trial and error, what, in any given section of the community, are the practical possibilities of adaptation and change, and which are the most direct channels by which these may be brought about.

It seems as if two aspects of psychiatric social work should be of significance to Almoners; one, that it is essentially case work under medical direction, and the other that the social worker's part therein involves a re-education of those who are related in any way to the patient and often a share in the patient's re-education. An Almoner is already very familiar with these points of view in her work. Problems of human behaviour, expressed in terms of economic stress and tension, have for long come to her under their medical aspect. The relations between illness and economic integrity or capacity for independence, the far-reaching modification of life often demanded after grave illness, the essential need to accept realities such as these whilst becoming flexible enough to find other practical outlets for the natural trends of self-preservation and aggrandisement; she considers meeting these medical necessities through the re-education of patient and family in daily small details. These factors frequently constitute the basic level of an Almoner's case study, even though the foreground be occupied with the finance of splints, convalescence or assessments.

These considerations lead to the suggestion that the general training and experience of an Almoner is the best form of previous experience on which to base psychiatric social work.

If the work extends in the Mental Hospitals in the future, it will mean that special social work of this kind is actually being done in a Hospital setting, bringing considerations of organisation and administration, correlation with other departments, harmonious co-operation with the nursing side in carrying out medical instruction, and an appreciation of the necessary emphasis on medical direction of the whole, which are problems the Almoners have largely worked through. Here as elsewhere it is a poor inventor who tries to begin all over again on his own.

It is to be hoped that Almoners will feel interested in these new developments and consider taking the extra training required. Some time must be spent in considering and assimilating the theory of psychiatry and the mechanisms of human behaviour, but from her previous standpoint of aiding in treatment by drawing the physician's attention to the relevant factors in the patients personality and environment, the Almoner should be able to cover the practical side of the training in a very short time.



**To the Editor of the Year Book of the Hospital  
Almoners' Association.**

Dear Madam,

Some of us who were at the Dinner were much encouraged by Dr. Fairfield's reference to future openings for social workers in our Observation Wards and Mental Hospitals.

Dr. Fairfield touched upon the new permissive powers given under the Mental Treatment Act to Local Authorities for financing the provision of Social Services. In connection with this, it is interesting to note that a sub-committee of the National Council of Mental Hygiene recently sent out a questionnaire to all Medical Superintendents of Mental Hospitals. Seventy-three replies were received, shewing that in only five Hospitals were there paid social workers, although sixty-six Medical Superintendents stated that they considered social work both useful and necessary.

We all realise that Social work in Mental Hospitals demands special training in Mental Hygiene. As an Almoner with a veneer of American Mental Welfare Training, I should like to say how very desirable it is that those appointed as Mental Welfare Workers *in hospitals* should have our Almoner's training as a foundation to such specialised training.

Those responsible for the training of Mental Welfare Workers have shown every anxiety to include Almoners as students. For the last two years scholarships have been offered for the course in Mental Hygiene at the London School of Economics. At present, however, there are only seven almoners who have the dual training.

If, as is believed, the appointment of Social Workers in Mental Hospitals and in specialised out-patient departments is likely steadily to increase, is it not a development of Hospital Almoning which we ought all seriously to consider? Cannot more Almoners, who feel drawn towards this branch of work, contemplate qualifying, or are we to watch these new posts, going to other than Almoners because we, as a profession, are not ready to supply the demand?

Yours faithfully,

M. B. STREATHFEILD.

*Mental Welfare Worker, University College Hospital.*

## The Annual Conference, 1930.

THE Social Workers' Conference was again held at High Leigh in June, 1930. This year the Care Committees were the hostesses.

A most interesting programme was arranged beginning with a lecture by Mr. W. W. McKenzie, the Secretary of the Scottish Educational Department, on "The various issues—social and educational—involved in raising the school age." In a most entertaining and vivid way he showed us many aspects of education in general and this special problem in particular and gave an outline of the developments leading us to this change.

The raising of the school leaving age to fifteen will entail much re-organisation, and the problem of accommodation will be a difficulty especially if this extra year is to be devoted to instruction in skilled trades. One of the advantages will be an added year in which the pupils will benefit from the moral influence of their teachers.

As regards education in general, Mr. McKenzie thinks that in these days of experiments there should be no examinations; that the aim should be the socialisation of the child by teaching him the habits of punctuality and thrift, good manners, good language and truthfulness in word and act; and that the aesthetic and athletic sides of education are the most important.

Some interesting discussion followed and the speaker answered and dealt with questions in a most enlivening and helpful way. It was difficult to decide whether Mr. McKenzie was for or against this extra year of education, but there was no doubt as to what he thought about the main subject of education—morals, which can only be taught through the influence of the character of the teacher.

The report of the findings of the case group discussions was reviewed at length and rather uninterestingly for anyone who had not been in a group. Among the many subjects discussed were those of the attitude towards confidential information and the point when a case should be handed over to another agency. The chief recommendation resulting from the discussion was that a more unified approach by social workers was necessary as the failures from the past have come from ignorance of one another's methods.



The findings of the Training Committee which were discussed on the Sunday were very definite, and were drawn up under eight headings referring to the problems of how much theoretical and how much practical work was to be done by social work students, having regard to their previous training. The very necessary basis of a good "personality" was emphasized, and the fact was noted that a student who might not be happy in one office or hospital might respond admirably in another.

Most of the meetings and discussions took place in the garden and it was delightful to sit outside or wander about in the open air reviewing our problems with workers engaged in different branches of Social Service. We have to thank the Care Committees for arranging such an interesting conference and for being such charming hostesses.

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### The Annual Dinner.

THE Annual Dinner took place this year on February 7th, at the Hotel Rubens and Miss Marx received us all in one of the pleasant rooms which had been reserved for us. There were two guests of honour, Dr. Letitia Fairfield, Barrister at law, Divisional Medical Officer, London County Council, and Miss Grace Hadow, Principal of the Society of Oxford Home Students. In all eighty-five members of the H.A.A. were present, about ten having been prevented at the last moment, by illness or other causes, from coming.

After dinner and the drinking of the King's health, the Chairman made a short speech emphasizing the pleasant privilege it was to welcome and introduce two such distinguished guests. But for her fear of being suspected of an inferiority complex, her sense of fitness would have led her rather to introduce the Association to the guests. Both Dr. Fairfield and Miss Hadow represented professions on which Almoners were especially dependent. Dr. Fairfield belonged in one of her manifold capacities to a calling with which familiarity could only breed a greater admiration, while Miss Hadow was linked to us by a few fully fledged, and it was to be hoped many embryo almoners. Both our guests, as we too, in our humble way, were working in the words of Sir Henry Hadow—"to interpret a transitory world to a transitory generation."

Dr. Fairfield proposed the toast of the Hospital Almoners' Association and expressed her pleasure at meeting people who up till the present had merely been wandering voices over the telephone. The realization amply confirmed her imagination. She felt that while she had entered professions which had at one time been reserved solely for men, the Hospital Almoners showing more imagination had started a new profession for themselves. Her only surprise on seeing us in the flesh was the smallness of our numbers. She was puzzled as to why the profession had not increased since 1895 to such an extent as to necessitate hiring the Albert Hall for the evening. In dealing with Hospital Committees, it still appeared to be necessary at times to point out the fundamental necessity for Almoners. She herself was recently amused to hear a distinguished man assert in an address that it was not the trained and efficient person who was most required by the poor in time of trouble, but a "sympathetic motherly woman." In her opinion, however, it was the hard-driven poor who were the severest critics of inefficiency—they want trained people for the same reason that most of us prefer a trained dentist to a merely sympathetic dentist, because the former is less likely to hurt.

In the field of Social Service for mental patients the work of Almoners should prove invaluable. It has been said that the doctor who only sees these patients in the consulting room is working with one eye blindfolded. It should be the privilege of the Almoner to remove the bandage from the other eye. Another line of advance lies in the Municipal Hospitals taken over from the Poor Law Authorities, and Dr. Fairfield hoped that in the future many Almoners would be found to work at these Hospitals dealing with the "Bottom Dogs" of society as it would be a magnificent work, worthy of the best the Association could produce. She concluded by saying that, "The real physician is the person who heals," and that Almoners may therefore be said in the truest sense of the word, to be physicians.

Miss Voelcker, in the absence of Miss Johns, replied. She mentioned the pleasure with which the members of the Association welcomed the two distinguished guests, and went on to speak of those members working in the provinces and abroad.

She wished particularly to allude to the future scope of Almoners' work which she hoped to see especially increased amongst V.D., Cancer, and Mental patients. Almoners, too, might be appointed to deal with the incapacitated for



the Approved Societies, and in the future some of us might motor, or even fly about the country dividing out time between small district hospitals not requiring the services of a full time Almoner.

Miss Voelcker did not wish to say more, in case the Hotel management, like a charwoman at the Royal Free Hospital remarked of the Almoners who were working very late: "Ain't they got no 'omes?"

Miss Streatfeild proposed the toast of "Our Guests." It appeared to her that the Dinner Committee having secured two such distinguished guests, were aiming at convincing contrasts in choosing her to propose the toast. They had evidently required an Almoner who belongs to that no man's land of mediocrity which lies between our well known senior almoners and our brilliant juniors. She had been obliged to resort to an American pamphlet which gave twenty-five paralysing rules for public speakers. It suggested that "graceful reference should be made to anything for which one's guests were famed." After investigation at the Public Library she had found that there appeared nothing which one, or other, of our guests had not *been* or *done*. She ended by saying that having, as was once said of a brainless speaker "Held you in the hollow of my mind" for the required five minutes, she would close in the hope that our guests had not been feeling that "Life would be bearable but for its pleasures." Perhaps they had been combining business with pleasure and Miss Hadow as advisor to the B.B.C. had resolved to include "Public Speaking for the Masses" in future programmes. Would Dr. Fairfield be able to write in her diary: "February 7th. Attended Almoner's Dinner, gleaned useful material for thesis on Borderline Cases"?

Miss Hadow in replying, said that before coming to the dinner she had first thought of reading up the subject of Almoners' work, but had realised in time that it was not necessary to point out to experts their own job. She herself had always regarded the Almoner as something between an Archangel and a Buffer State in that terrifying world of the Hospital where the Doctors (not *women* Doctors!) even despite her slight acquaintance with them, always seemed to possess the disconcerting gift of finding a pain in the only part of one's body which had hitherto appeared sound. To those who represented the great uninstructed public, medicine is akin to magic, and she wonders whether Almoners were ever asked to prescribe potions for the benefit of young ladies crossed in love. Owing to the fact that Almoners seem to be in a position to put right many

difficulties so simply, they appear as Priestesses in a Temple of Health, interpreting the mysteries to those outside. Miss Hadow had felt that the dinner might turn out to be something in the nature of a Sacred Banquet from which she might emerge in the guise of a toad or a cockroach. It was a relief to find that they were not really Goddesses, but that perhaps they might be described as "Universal Aunts."

In Almoners' work it was not only knowing how to do the right thing at the right moment, but the spirit of the movement that counted.

After leaving the dining room for the lounge, the rest of the evening was spent in making certain that no old members of the Association had remained ungreeted and that no new ones had escaped inspection.

The absence of so many was the only disappointment of the evening. Every other detail, not forgetting the dinner itself! was a triumph of well thought out arrangement and everybody's thanks are due both to the Dinner Committee, and to our guests for helping to make the evening such a delightful landmark of the Almoner Year. N.E.L.H.

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### The Annual Conference, 1931.

FOR seven years past Social Service workers have met together annually in Conference and this year it was the Almoners' turn to act as hostesses. We met at Bedford College on April 25th—27th, about 230 of us in all, and spent a most enjoyable and profitable two days together. I think everyone felt it was a happy thought to have the meeting ground in London itself, and Bedford College is admirably suited for such a purpose.

On Saturday afternoon we were received by Miss Marx, the Chairman of the H.A.A., and after tea, Professor Carr-Saunders gave an address on "Changes in Social Outlook." The Chair was taken by Sir Harold Morris, President of the Industrial Court, who delighted us all with his opening remarks on the programme before us, and gave us a most happy introduction to the speaker. Professor Carr-Saunders traced the gradual evolution of social outlook from the complacent optimism of the eighteen-sixties to the gradual awakening of responsibility brought about through such men as Dickens, Charles Booth, Lord Shaftesbury and others.



Social Service is now accepted as a definite Science requiring training and expert knowledge. "The Social Service courses at our Universities are admirable," he said, "as combining theoretical and practical training." People sometimes criticised the training for social work on the grounds that the missionary spirit is driven out and the work made a matter of business. The speaker thought the criticism unjustified, claiming rather that the training given in Universities is an inspiration to the missionary spirit enabling the student to see the whole field and so avoid narrow interests. A most interesting discussion followed, led by Professor Goitein of Birmingham.

After an excellent dinner and much chatter, we met again at 8.30 to listen to a debate on the motion "that the improvement in physical well-being during the last thirty years has been at the expense of moral fibre." Mr Pringle supported by Dr. McCullagh, opened the debate for the motion, and Mr. T. E. Lloyd and Miss Bompas opposed. The Chair was taken by Miss Cummins.

Never have I listened to a debate so rapidly changing from grave to gay. Mr. Pringle amused us very much with what he himself called his "Variety turn," and Dr. McCullagh made us realise the gravity of the state of our national health with appalling figures to prove his statements. Mr. Lloyd and Miss Bompas won the day however: Mr. Lloyd affirming that free education was really the cause of unrest to-day. The working man's interests had widened and, in proportion as this had happened, so he found his daily work dull and monotonous, yet he realised far more what could be achieved by ambition and grit. Miss Bompas held that the moral fibre of Victorian times was based on fear and custom, whereas now it is based on thought.

An amusing and clever discussion followed—Miss Streatfeild causing much laughter by examples from her own experience of the tact, sympathy and patience required by patients when being interviewed by well-meaning Almoners.

Mr. Pringle, in summing up, read us a poem by Humbert Wolfe of which the last line stayed in my memory:—

"Greatness is to hear the bugles and not to doubt."

Sunday morning officially began with a service in the College Hall. The Rev. A. Herbert Gray took the service, the lesson being read by Dr. Charles Gray. I do not think I have even listened to a more inspiring or convincing exposition of the Christian faith. Dr. Gray showed us how

crippled all work must be which is merely founded on good will and is not constantly being renewed and reinvigorated at the source of all Life. "Constant and vital contact with God is essential if we are to have true knowledge and understanding in our work," said Dr. Gray.

Lunch was again an opportunity for much chatter and at 2.30 we reassembled to hear the report of the Joint Committee on Training for Social Work. In the absence of Miss Morton, Miss Kelly took the chair, and the report was read and accepted and the Committee warmly thanked for their work. The C.O.S. is finding difficulty in meeting the increased demand for training by Social Service students, but is hoping to solve the problem by a re-arrangement of time. This may mean that Almoner students can only be taken during certain months of the year—probably the Autumn—but the question has not yet been fully considered. The lack of unity between the theoretical and the practical training during the course was brought up and Miss Kelly asked for the opinion of any present from the Provincial Universities. Speakers from Bristol, Nottingham, Birmingham, Liverpool and Leeds all testified to the excellent way in which the practical and theoretical training were linked up in these Universities, and it was hoped that in time the Provinces would be able to give complete training for students who were definitely going to work locally. It was urged, however, that ideally all students should have both London and Provincial training, as the differences in conditions were sometimes very marked. A suggestion that the Committee should enquire into the details of the training which can be given by the various Provincial centres was turned down, but later the Committee was asked if they would make a report on the facilities for training voluntary workers, and this they agreed to do most willingly.

At 4.30 a very large gathering listened to an address by Dr. Cyril Burt, Psychologist to the L.C.C. (Education Department), on "The Difficult Child—Recent changes in methods of treatment." The chair was taken by Dr. Moodie, Chairman of the Child Guidance Council. Those of us who work amongst children in the Provinces where psychology as a practical science is almost unknown, were inclined to envy our London colleagues as we heard Dr. Burt describe the work which is being accomplished in London. He described how each child who is brought to be interviewed, is diagnosed and handed over to the Medical Officer in charge of that particular branch of Study.



"To chastise the delinquent child is as foolish as to send a feverish patient out into the snow to be cured of his fever," said Dr. Burt. "If parents would speak to their children with the courtesy and politeness shown to strangers, half the difficulties would not exist. I have seen open amazement on the faces of some parents when I have opened the door for a small girl or picked up her glove—as if they would say—'Do you realise that this is only a child'?"

Dr. Burt caused much amusement by recounting a visit which he was asked to pay to an arithmetic class, every member of which was very backward. "I divided the class into two," said Dr. Burt, "and gave one group an hour's extra arithmetic work and the other an hour's sleep. At the end of the month which group do you think had improved in arithmetic? The group which had slept!"

In reply to questions, Dr. Burt said that moral defect as such is non-existent, for morality is acquired not inherited. Temperamental defect may be inherited and this is almost always capable of treatment. Many interesting questions were asked and the meeting concluded with a hearty vote of thanks to Dr. Burt.

The last meeting of the conference was held at 8 o'clock, when Mr. Hitchcock, late Warden of Toynbee Hall, spoke on "The Changing attitude of the social worker to Business with special relation to the Employment Problem."

Mr. Hitchcock affirmed that the nation is spending far too much on her Social Services and out of all proportion to the results. Our exports are decreasing, our imports and expenditure increasing, the result being unemployment. The following figures which he gave us are illuminating.

1913.		1930.	
Exports	.... 525 millions.	Exports	.... 730 millions.
Expenditure	303 millions.	Expenditure	.... 1095 millions.
Credit balance	222 millions.	Debit balance....	365 millions.

In proportion as people are nationally unprofitable so we heap money upon them, and we cannot afford to do this. Sooner or later the nation will have to realise that spending must be drastically curtailed if we are to avoid bankruptcy.

Questions rained thick and fast for this was a statement which was more or less new to some of us, and Mr. Hitchcock was rather fiercely challenged as to his facts. His position remained apparently unassailable however, and Miss Marx closed the proceedings by thanking our would-be executioner for his kindness in coming to warn us!

I cannot close this report without expressing what I feel sure would be the thanks of all present for the splendid work put in by Miss Roxburgh as Secretary of the Conference. The amount of work it entailed must have been enormous, and everything ran without a hitch.

RUTH M. NEWLING.

## Book Reviews.

### "The Case For Action."

*A Survey of Everyday Life under Modern Industrial Conditions with Special Reference to the Question of Health.*

BY

INNES H. PEARSE, M.D., B.S. (Lond.) & H. SCOTT WILLIAMSON,  
M.C., M.D. (Edin.)

Faber & Faber, London, 5s. net cloth.

THIS little book records the history of a brave experiment. Certain workers, living in the heart of a drab and over-crowded urban district are attempting to promote individual and social health by means of preventive medicine, and social work. Their medium is a kind of Health Clinic, known as the "Peckham Health Centre."

The workers regard themselves as carrying out a piece of practical biological research. They studied "everyday life under modern industrial conditions with special reference to the question of health"—and they found it terribly wanting. They discovered that the conditions inevitably manufacture a C3 population (90% of which, when adult, is diseased), out of human material, which, given a more suitably adjusted environment, could as easily grow up healthy. They take the modern biological view that the individual is inseparable from his environment, and must react to its stimulus in such a manner as to maintain a healthy counter-pressure to it, or be crushed by it. And they see the best hope for improvement in grouping the family life round an institution which is at the same time a social club and a centre for the propagation by qualified medical practitioners of knowledge of personal hygiene.

They have not stopped there: they are collecting funds for the building of such an institute of health (to be known as the new Pioneer Health Centre) to serve two thousand



families, which, once started, they confidently predict will be self-supporting, as each family will subscribe two shillings a week for membership, with extra fees for wage-earners.

The case made out for action on these particular lines is very strong, given existing circumstances; but whether, if Pioneer Health Centres were to be inaugurated for every two thousand families of the urban population, an undue preponderance in social life would be given to the influence of medical practitioners needs to be carefully studied. The investigators would seem to have consciously proved the need (*a*) for the promotion of personal hygiene, and (*b*) for a central social institute which would integrate rather than destroy family life. They consider that they have proved the necessity for combining the two things, and that social life should centre round a health institute. Unconsciously they seem to have proved, further, that until the unnatural concentration of population in huge towns is arrested, and population is broken up into naturally integrated groups whose social life can be focussed in some sort of social centre, any attempt at amelioration of health must be given this medical flavour. But it is as well to recognize that the non-medical observer could apply to the practitioner in preventive medicine the very criticism the authors of this book level at the work of the Hospital Almoner (p. 44): "The Hospital Almoner (substitute practitioner of preventive medicine) cannot meet the individual until after the disaster (of segregation in towns) and must exert her efforts... to tide over trouble and await further disaster." The Hospital, we may freely admit, is a repair shop for broken parts. But the club-cum-medical centre as a pivot for the entire social life of the family, may be likened to a care and maintenance party put aboard a ship, lying in a crowded harbour, whose proper business is sailing and whose native element is the blue water.

The Almoner, however, should read the book, if only to stimulate in herself civic discontent with the expedient of the repair shop, and to raise doubts whether she should not be out in the front line trenches with the Pioneers of Personal Hygiene preventing the casualties she is now helping to bind up.

There is much else in it, of course, that is invaluable, such as the paragraphs dealing with bad habits and maladjustments as causes of future disease, and the treatment of the problems of contraception. Immersed as she is in a clinical atmosphere, faced always with the urgency of reparative charity, the Almoner, as much as the Doctor or Nurse,

needs to re-orient herself from time to time and to remember that the prevention of disease is a more honourable method of serving humanity than what is euphemistically called the "relief of suffering"—but, which actually, consists in making the circumstances of existence easy for the unfit by shifting the burden to the already over-weighted shoulders of the fit; seeking, as the authors of this book put it "to reverse the law of Nature by procuring the survival of the unfit."

Courage, say Doctors Pearse and Scott Williamson, is as infectious as fear. May there be an epidemic of the kind of courage that prompted the writing of this book. V.C.C.C.

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## **The New Survey of London Life and Labour.**

### **VOLUME I.**

#### **FORTY YEARS OF CHANGE.**

Published by P. S. King & Son, Ltd., Price 17s. 6d.

In 1889, Charles Booth published the results of his Survey of East London. His intention was not only to present an authoritative life of its inhabitants, but also to show the numerical relation between poverty and comparative comfort. This work has long been a classic for the Social Student. Now, however, the London School of Economics has made a new Survey with the object of bringing the information up to date. "Forty Years of Change" is the first of the series of eight volumes which give the results of these investigations.

The first book is purely introductory and aims at bridging the interval between the two surveys. It is divided into thirteen sections, each contributed by well-known authorities, who comparing the new and old data, analyse and sum up for us the changes and trend of the intervening years. The outstanding event of the period is, of course, the Great War, which so influenced the conditions of Life and Labour that in a large degree the comparison is not between 1889 and 1929, but between the Pre and Post War conditions.

The book is well served with Tables, Maps and Appendices. Naturally, as the compilers are the first to acknowledge, the data are not always analogous and dogmatic conclusions are dangerous. Certain facts do, however, emerge quite clearly. There has undoubtedly been a diminution in what is known as the sub-normal portion of the population,



and an improvement in the material conditions of life for the workman. Unemployment shows only a slight increase, working hours are shorter, and "real" wages higher. Most interesting of all, perhaps, is the part that modern transport has played in influencing, not only the actual distribution of population, but also the whole lives and outlook of the people.

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## Introduction to Mental Hygiene.

BY

ERNEST R. GROVES AND PHYLLIS BLANCHARD.

Published by Gerald Howe, 16s.

This book is a very successful attempt to give a full account of the subject of Mental Hygiene in all its aspects and shows the many sides of life on which it touches or may be made to touch. We are taken into the family, the school, the college, industry, social work, religion and even literature and are made to realise the many forms of maladjustment which may arise while, at the same time, light is shed on the dark places and we realise how much can be done, by those who are trained scientifically, to lessen mental suffering and re-adjust the outlook of the sufferer.

Though, of course, written by Americans, this book is free from the truly terrifying jargon which disfigures so many of their books on technical subjects and is written in clear and excellent English which is in itself a recommendation to the reader.

The subject of Mental Hygiene is one of such general interest and increasing importance that we can heartily recommend all social workers, and not only those studying or engaged in psychiatric social work to read this book.

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## Births.

BRYANT. On May 2nd, 1930, to Margaret, wife of Charles H. Bryant, a daughter (Isobel Firle).

GREEN. On July 14th, 1930, at 11, Albert Road, Southport, to Phyllis, wife of Philip Green, a daughter.

LEYS. On April 8th, 1931, at Lon Isa, Rhiwbina, Glamorganshire, to Erica, wife of Dr. Duncan Leys, a son.

PLACE. On February 19th, 1931, at Norwich, to Renée, wife of F. M. Place, a son.

## Marriages.

**BOLTE : HOWES.** On September 5th, 1930, Jan P. Bolte, son of the late Colonel P. A. C. Bolte of Bandang, Java, to Kathleen L. Howes, daughter of the Rev. and Mrs. E. W. Howes of Witham, Essex.

**DEWES : NEVILLE-ROLFE.** On June 25th, 1930, at Flax Bourton, Dr. Gordon Cripwell Dewes, M.D. Cantab., M.R.C.P., to Ione, eldest daughter of Captain Herbert Neville-Rolfe, D.S.O., R.N., and Mrs. Neville-Rolfe.

**ELKINGTON : BUDGEN.** On April 20th, 1931, in Lichfield Cathedral, by the Very Rev. the Dean of Lichfield, George Ernest, eldest son of Dr. E. A. Elkington and the late Mrs. Elkington, of Newport, Shropshire, to Kathleen Mary, second daughter of the Rev. Prebendary and Mrs. Budgen, of Lichfield.

**HEATH : PUSEY.** On April 3rd, 1930, at St. Giles' Church, Oxford, Arthur Christopher Heath, M.A., son of the Rev. and Mrs. A. J. Heath of Bristol to Vera Mary, daughter of Mrs. and the late M. H. Pusey, of Oxford.

**MEDILL : NICOLL.** On October 25th, 1930, at Corstorphine Church by the Rev. Robert Couper, D.D. (uncle of the bride), assisted by the Rev. Oswald Milligan, M.C., B.D., J. Herbert Medill, F.R.F.P.S., D.P.M., Medical Superintendent, Cumberland-Westmoreland Mental Hospital, Carlisle, son of the late Rev. Thomas Medill, LL.D., Garvagh, Co. Derry, and Eleanor Olive, younger daughter of the late Sir William Nicoll, Chief Justice of Southern Nigeria, and of Lady Nicoll, Edinburgh.

**PLACE : MILLER.** On April 5th, 1930, at St. Ethelburga's Church, Bishopsgate, Frank Margetson Place, of Tunstead, Norwich, to Helen Renée Marillier, only daughter of Mr. and Mrs. C. Marillier Miller of Brundall, Norwich.

**RUSSELL : TURNEY.** On October 4th, 1930, at St. Marylebone Parish Church, London, by the Rev. Dr. Morrison, assisted by the Rev. V. C. A. FitzHugh and the Rev. H. Burne, William, elder son of the late William Russell and Mrs. Russell, 16, University Square, Belfast, to Mary Dorothea, only daughter of Dr. and Mrs. H. G. Turney, 7, Park Square West, N.W. 1.



## Appointments, 1930-1931.

HOSPITAL.	ALMONER.
*Kensington, Chelsea & Fulham Hospital	Miss Caton.
*Maudsley Hospital (Child Guidance Clinic) ....	Mrs. Varti.
Princess Louise Hospital for Children ....	Miss Maitland.
*Victoria Hospital for Children ....	Miss White.
*Croydon Public Health Department ....	Miss Kirby.
Cumberland Infirmary, Carlisle ....	Miss Stirling.
*Jenny Lind Hospital, Norwich ....	Miss Douglas.
Kent and Canterbury Hospital ....	Miss Hordern.
New Sussex Hospital for Women and Sussex Eye Hospital, Brighton ....	Miss Robinson.
Sheffield Royal Hospital ....	Miss Stuart-James.
*Sheffield City General Hospital ....	Miss Rees.
*Stirling Royal Infirmary ....	Miss E. A. Callender.
*Swansea General & Eye Hospital ....	Miss Jones.
*British Red Cross Clinic for Rheumatism	Miss Crowder.
*British Red Cross Clinic for Rheumatism	Miss Steel.
Brompton Hospital ....	Miss Jewson.
East London Hospital for Children ....	Miss Moor.
Hospital for Sick Children, Gt. Ormond St.	Miss Bowman.
*Maudsley Hospital (Research Worker)	Miss Currie.
Middlesex Hospital ....	Miss Bewg.
Miller General Hospital ....	Miss Scott.
*Royal Free Hospital (Dental Clinic) ....	Miss Martin Hurst.
Royal Free Hospital ....	Miss Warren.
Royal London Ophthalmic Hospital ....	Miss Page.
St. Mary's Hospital ....	Miss Howes.
St. Mary's Hospital ....	Miss M. H. Williams.
St. Thomas's Hospital ....	Miss Lewis.
St. Thomas's Hospital ....	Miss Gilbert.
Westminster Hospital ....	Mrs. Cameron.
*Adelaide Hospital, Dublin ....	Miss Smylie.
Bristol General Hospital ....	Miss Heriz Smith.
Leeds General Infirmary ....	Miss Hainsworth.
Norfolk and Norwich Hospital ....	Miss Heyworth.
Norfolk and Norwich Hospital ....	Miss Simm.
*Norfolk and Norwich Hospital ....	Miss Orr.
North Staffordshire Royal Infirmary ....	Miss Nicolson.
*Sheffield City General Hospital ....	Miss Price.
*Sheffield Royal Infirmary ....	Miss Howarth.

\*These are New Posts.

## List of Almoners.

---

NAME.	ADDRESS.	HOSPITAL.
Miss H. Allen ..	..94, St. George's Square, S.W. 1 ..	St. Thomas's.
Miss A. F. M. Armstrong	6, Gledstanes Road, West Kensington, W. 14 .. ..	Royal Westminster Ophthalmic.
Miss F. E. Ashe ..	..3, Denmark Avenue, Wimbledon, S.W. 19 .. ..	
Miss O. Ault ..	..112, Cheyne Walk, S.W. 10 ..	Hospital for Sick Children, Gt. Ormond Street.
Mrs. M. Averdieck	..Southgate House, Ripon ..	
Mrs. Barbour (Miss P. Rix)	Oakdene, Maxwelltown, Dumfries ..	
Miss M. H. Beckett	..West Ilsley House, West Ilsley, Nr. Newbury, Berks ..	
Mrs. Bervon ..	..105, Friern Road, East Dulwich, S.E. 22 .. ..	
Miss D. Bewg ..	..101, Thornlaw Road, W. Norwood, S.W. .. ..	Middlesex.
Miss Bignold ..	..82, Lancaster Gate, W. 2 ..	Maudsley.
Miss M. Birch ..	..Heatholme, Fulford, Yorks ..	Public Dispensary, Leeds.
Miss Evelyn Boake	..Miti Mirefu, Nanyuki, Kenya Colony	
Mrs. Bolte ..	..c/o N. V. Stoomvaart, Maatschappij Nederland, Batavia, Java ..	
(Miss K. L. Howes)		
Miss G. A. Bompas	..5, Tite Street, S.W. 3 ..	
Miss B. Bowman ..	..Ingram House, Stockwell Road, S.W. 9 .. ..	Hospital for Sick Children, Gt. Ormond Street.
Miss M. Brennan ..	..33, Abbey Road, St. John's Wood, N.W. 8 .. ..	
Miss Joan Brett ..	..7, Elm Park Mansions, Park Walk, S.W. 10 .. ..	Kingston and District.
Miss Moyra Brown	..124, Hags Road, Glasgow, S. 1.	
Miss Elizabeth Bruce	..Roffey Vicarage, Horsham, Sussex	
Mrs. Bryant ..	..68, Brunswick Place, Hove ..	
(Miss M. Williams)	..	
Miss M. C. Burford	..49, Queen's Road, Leicester ..	
Miss W. Burt ..	..31, Grosvenor Road, S.W. 1 ..	St. Thomas's Babies' Hostel.
Miss M. Bustard ..	..1, Fitzwilliam Avenue, Richmond, Surrey .. ..	Hospital for Sick Children, Newcastle.
Miss K. E. Butler	..9, Hazelmere Road, Kilburn, N.W. 6	London Child Guidance Clinic.
Miss E. A. Callender	..35, Howard Place, Edinburgh ..	Stirling Royal Infirmary.
Miss M. K. Callender	..3, Eglinton Terrace, Edinburgh ..	Elsie Inglis Hospital, Edinburgh
Mrs. E. M. Cameron	..Nutford House, Brown St., W. 1 ..	Westminster.
Miss Joyce Carr ..	..Ditchingham Hall, Norfolk ..	
Miss M. Carslake ..	..Highwood, The Drive, Wimbledon, S.W. .. ..	Red Cross Clinic, Woking.
Miss H. Caton ..	..25, Mount Carmel Chambers, W. 8	Kensington, Chelsea & Fulham.
Miss E. M. Clarke	..217, Hyde Park Road, Leeds ..	Leeds Maternity.
Mrs. Connan ..	..84, High Street, Huntingdon ..	
(Miss Alice Barnard)	..	
Miss G. Cornwall-Jones	..The Vicarage, Ruislip ..	General Lying-In.
Miss M. Cotton-Staypleton	38, College Court, Hammersmith, W. 6 .. ..	
Miss Couldrey ..	..Brabazon House, Moreton Street, S.W. 1 .. ..	St. John's, Lewisham.
Miss O. H. Crawford	..Dalkey Cabin, Dalkey, Co. Dublin ..	Adelaide, Dublin.



NAME.	ADDRESS.	HOSPITAL.
Miss G. P. Crowder	..92, Cromwell Road, S.W. 7	.. British Red Cross Clinic for Rheumatism.
Miss A. E. Cummins	..5, Tite Street, S.W. 3	.. ..
Miss E. B. Currie	..82, Vincent Square, S.W. 1	.. Maudsley (Research Worker).
Miss N. Dalton	..8, Vincent House, Regency Street, S.W. 1	.. St. Thomas's.
Miss Mildred David	..Ely Rise, Cardiff	.. ..
Miss K. Davis	..38D, Holland Park, W. 11	.. ..
Miss O. M. Deacon	..10, Crescent Mansions, Elgin Crescent, W. 11	.. St. Thomas's.
Mrs. Dewes	..18A, Roland Gardens, S.W. 7	.. ..
(Miss Neville-Rolfe)		
Miss J. W. Dollar	..38, Warwick Avenue, W. 9	.. ..
Miss J. M. Douglas	..All Saint's Cottage, All Saints Green, Norwich	.. Jenny Lind, Norwich.
Miss M. W. Edminson	..2, Cleveland Gardens, W. 2	.. British Red Cross Clinic for Rheumatism.
Miss E. Edmonds	..Mona Lodge, 6, Amersham Road, East Putney, S.W.	.. King's College.
Mrs. Elkington	..Newport, Salop	.. ..
(Miss K. Budgen)		
Miss D. L. Esdaile	..Little Hammer, Oxted	.. Victoria Park.
Miss Etherington-Smith	..Ranstead, Outgate, Hawkeshead, Lancs	.. ..
Miss A. Falek	..16, Buckley Road, Brondesbury, N.W.	.. Royal Waterloo.
Miss M. Findlay	..15, Louis Street, Leeds	.. Guy's (Social Service Worker).
Miss K. Finlow	..13A, Upper Addison Gardens, W. 14	.. St. George's.
Mrs. Flood	..5, Horsdon Terrace, Tiverton, Devon	.. ..
(Miss R. Ormerod)		
Mrs. Foley	..Youngwoods, Headington, Oxford	.. ..
(Miss P. Hickling)		
Mrs. Forest-Smith	..30, Ashley Gardens, S.W. 1	.. ..
(Miss M. Bruce-Murray)		
Miss A. E. Fox	..Nutford House, Nutford Place, W. 1	.. Elizabeth Garrett Anderson
Mrs. C. J. Francis	..12, West Avenue, Gosforth, Newcastle-on-Tyne	.. ..
(Miss W. Greaves)		
Miss D. Franklin	..78, Claverton Street, S.W. 1	.. Brompton.
Miss O. Freeman	..4, Courthorpe Road, Wimbledon, S.W. 19	.. ..
Miss N. M. Frew	..82, Edgbaston Road, Moseley, Birmingham	.. ..
Miss Garrett	..11, Bassett Road, W. 10	.. Hospital for Sick Children, Gt. Ormond Street.
Mrs. Gatliff	..The Plain House, Chipstead, Surrey	.. ..
(Miss C. Payne).		
Miss P. Gilbert	..Kingsleigh, Grange Road, Sutton, Surrey	.. St. Thomas's.
Miss R. Gilmour	..Rusty, Tongdean Avenue, Hove	.. Royal Sussex County, Brighton
Miss V. Glenn	..Barnston Vicarage, Birkenhead	.. Hahnemann, Liverpool.
Miss G. Godden	..56, St. John's Road, Clifton, Bristol	.. General Hospital, Bristol.
Miss I. Gordon	..77, Cheyne Walk, S.W. 3	.. St. Thomas's.
Miss M. Goulding	..Greenways, Collings Road, Guernsey	.. ..
Miss H. Graham	..Pilton Vicarage, Shepton Mallett, Somerset	.. ..
Mrs. Green	..20, Piazza di Spagna, Rome	.. ..
(Miss P. Popert)		
Miss E. Green	..Huon, Hendon Lane, Finchley	.. ..
Miss G. Green-Armytage	..56, Warwick Square, S.W. 1	.. ..
Miss A. C. Gurney	..9, Montpellier Terrace, Cheltenham	.. Royal Berkshire, Reading.

NAME.	ADDRESS.	HOSPITAL.
Miss D. Gwynne ..	..39B, Matheson Road, W. 14. ..	
Miss J. Hainsworth	..The Grange, Farsley, nr. Leeds ..	Infirmary, Leeds.
Miss Hamilton ..	..39, Nottingham Place, W. 1 ..	St. George's.
Miss E. Hamilton	..82, Vincent Square, S.W. 1 ..	St. Thomas's.
Mrs. Harold Hardy (Miss N. Powell).	..Church Cottage, Westcott, Dorking	
Miss E. Harrington	..Headway, Holybourne, Alton, Hants	
Miss O. Haward ..	..Cartwright Gardens Club, W.C. 1 ..	Royal Free.
Miss D. Hearn ..	..St. Mark's Vicarage, Camberwell, S.E. 5 .. .. .	St. Thomas's.
Mrs. Heath ..	..80, Bishop's Mansions, S.W. 6 ..	
(Miss V. Pusey).		
Miss C. K. Hepper	..11, Marsh Parade, Newcastle, Staffs	North Staffs Royal Infirmary.
Miss Heysham ..	..	
Miss Heyworth ..	..Brydon, Alderley Edge, Cheshire ..	
Miss M. Hilder ..	..138, Clarence Gate Gardens, N.W. 1	
Mrs. Hobson ..	..47, Froggnal, Hampstead, N.W. 3 ..	
(Miss A. M. Hobson).		
Miss N. Hogg ..	..13, Bryanston Mansions, W. 1 ..	
Miss W. Hollis ..	..Poole-in-Wharfedale, Yorks ..	Infirmary, Leeds.
Miss M. Hordern ..	..Throwley House, Faversham, Kent	Kent and Canterbury.
Miss L. F. Hotson	..16, West Mall, Clifton, Bristol ..	Bristol Royal Hospital for Sick Children.
Miss H. Howarth	..57, Ranmoor Crescent, Sheffield ..	Royal Infirmary, Sheffield.
Miss M. Howes ..	..St. George's House, Vincent Square, S.W. 1 .. .. .	Royal Northern.
Miss W. M. Hume	..24, Collingham Place, S.W. 5 ..	St. Thomas's.
Miss G. P. Humpidge	..35, Frederick Street, Birmingham ..	Birmingham General.
Miss D. Martin-Hurst	..The End House, Roehampton ..	Royal Free.
Mrs. Irons ..	..The Tern, Banstead Road South, Sutton, Surrey .. ..	
(Miss O. Tombs).		
Miss G. James ..	..75, Belgrave Road, S.W. 1 ..	
Miss Stuart-James	..	Royal Hospital, Sheffield.
Miss S. B. Jewson	..13, Winchester Road, N.W. 3 ..	Brompton.
Miss H. Johns ..	..The White House, Grainger Park, Newcastle-on-Tyne .. ..	Royal Victoria Infirmary, Newcastle.
Miss K. Jones ..	..18, Berwyn Road, Richmond, Surrey	Swansea General and Eye.
Miss J. Justice ..	..412, Addison House, N.W. 8 ..	King's College.
Miss J. Keily ..	..Eldon House, Lyndhurst Road, Hampstead, N.W. .. ..	
Miss V. M. Kemble	..Miti Mirefu, Nanyuki, Kenya Colony	
Miss N. King-Church	..Northfield, Albury, nr. Guildford ..	Royal Surrey County, Guildford
Miss J. Kirby ..	..8, Park Road, Wallington, Surrey ..	Croydon Public Health Department.
Miss Lambie ..	..12, Merchiston Crescent, Edinburgh	Royal Infirmary, Edinburgh.
Miss M. Lane ..	..2, Steeles Road, N.W. 3 .. ..	Metropolitan.
Mrs. Layard ..	..R.M.D.I., Sidney P.O., Saaunich, B.C., Canada. .. ..	
(Miss M. Oswald).		
Miss E. Lewis ..	..30, Weymouth Street, W. 1 ..	St. Thomas's.
Miss A. Leys ..	..110, Kennington Road, S.E. 11 ..	St. Thomas's.
Mrs. Leys ..	..18, Lon Isa, Rhiwbina, Glamorgan	
(Miss E. Temple).		
Miss S. Linton ..	..Elsfield, Hindhead, Surrey ..	
Miss Lloyd Davies	..Fairfield, Brimstone, nr. Birkenhead	
Miss F. M. Long	..Sampford House, Oldfield Road, Bath	
Miss H. Lord ..	..62, George Street, Portman Sq., W. 1	St. Thomas's.
Miss E. Lucy ..	..39, Paultons Square, S.W. 3 ..	King's College.
Miss Lupton ..	..Crosby Hall, Cheyne Walk, S.W. 3 ..	Royal London Ophthalmic.
Miss P. M. Lyall ..	..The George Hotel, Nicosia, Cyprus	Government Welfare Officer, Cyprus.



NAME.	ADDRESS.	ADDRESS.
Miss F. M. McDonald	..16, Brandram Road, Lee, S.E.	..
Miss A. J. MacDonell	..1, Bentinck Terrace, St. John's Wood, N.W. 8	.. Royal Northern.
Miss M. McEwan	..Lanarkslea, Cornwall Gardens, S.W.7	Royal Free.
Miss A. McGill	..217, Hyde Park Road, Leeds	.. Infirmary, Leeds.
Miss M. Macintosh	..3, Raymond Buildings, Gray's Inn, W.C. 1	.. Royal London Ophthalmic.
Miss A. S. Macintyre	77, Cheyne Walk, S.W. 3	.. St. Thomas's & Melbourne.
Miss M. Maitland	..26, Cathedral Mansions, S.W. 1	.. Princess Louise, Kensington.
Miss R. Manning	..20, Fonnereau Road, Ipswich	.. University College.
Miss Marx	..24, Melcombe Court, N.W. 1	..
Miss L. C. Marx	..Chatford Lodge, Andover	.. Brompton.
Miss R. Mauger	..31, Guessens Court, Welwyn Garden City, Herts	..
Miss Maurice	..Furzedown Nursing Home, Hind- head, Surrey	..
Mrs. Mead (Miss I. Napier).	.. 70, Bracondale, Norwich	..
Mrs. Medill (Miss E. O. Nicoll).	..Garvagh, Garlands, Carlisle	..
Miss R. Middleton	..90, Kensington Park Road, W. 11	St. Thomas's.
Miss Miller-Jones	..2, Berkeley Gardens, W.	..
Mrs. Mills (Miss V. Molesworth).	..Gurrington, Ashburton, N. Devon	..
Mrs. John Mitchell (Miss V. M. Malling).	..20, Oakways, Scots Lane, Shortlands, Kent	..
Mrs. Monck-Mason (Miss M. Tindal).	..Stonestile, Charing, Kent	..
Miss K. M. Monckton	..14, Bramerton Street, Chelsea, S.W. 3	..
Miss E. C. H. Moor	..47, Anerley Park, S.E. 20	.. East London for Children.
Miss M. Moore	..19, Manor Road, Kenton, Middlesex	St. Paul's.
Miss P. Morfey	..22, Parkway, Welwyn Garden City, Herts	.. Royal Infirmary, Sheffield.
Miss C. Morris	..7, Fitzroy Street, W. 1	.. St. Thomas's.
Miss A. Moses	..22, Copers Cope Road, Beckenham	.. St. John's, Lewisham.
Miss M. Mostyn	..	..
Miss Mudd	..52, Lower Sloane Street, S.W. 1	..
Mrs. J. Murray	..Flat 3, 7, Warrington Crescent, W.9	St. Mary's.
Miss N. Myers	..Children's Ophthalmic Convalescent Home, Mayfield, Sussex	..
Miss Ethel Nairne	..	..
Miss N. Neville	..1, Raymond Buildings, Gray's Inn, W.C. 1	..
Miss R. Newling	..The Lodge, Girls' High School, Leeds	.. Infirmary, Leeds.
Miss F. M. C. Nicholl	..24, Eldon Road, W. 8	.. University College.
Miss J. M. Nicolson	..10, Albert Street, Newcastle, Staffs	North Staffs Royal Infirmary.
Miss R. Niven	..Southview Cottage, 28, Strand-on- the-Green, W. 4	..
Miss Nussey	..The Ivy House, Chislehurst, Kent	..
Miss H. C. M. Orr	..77, Corringham Road, N.W. 11	.. Norfolk and Norwich.
Mrs. Owen (Miss Powell).	..23, Stanley Crescent, W. 11	..
Miss G. Page	..42, Queen's Gardens, Hyde Park, W. 2	.. Royal London Ophthalmic.
Miss P. H. B. Palmer	..St. Clement's House, Bolsover Street, W. 1	.. Hospital for Sick Children, Gt. Ormond Street.
Miss Paull-Smith	..22, Redcliffe Square, S.W. 10	.. Kensington Red Cross Clinic.
Miss J. Payne	..106, Woodstock Road, Oxford	.. Radcliffe Infirmary, Oxford.

NAME.	ADDRESS.	HOSPITAL.
Hon. P. H. Pease	..65, Onslow Gardens, S.W. 7	.. Brompton.
Miss A. Penney ..	..51, Oakley Street, S.W. 3 ..	.. University College.
Miss Percival ..	.. .. ..	.. ..
Miss M. Perfect ..	..29, Arden Road, N. 3 ..	.. Westminster.
Mrs. Perkin ..	..33, Warwick Gardens, W. 14	.. ..
Mrs. Pillow ..	..60, Chelsea Gardens, S.W. 1	.. ..
Mrs. Place ..	..Tunstead, Norwich .. ..	.. ..
(Miss R. Miller).		
Mrs. Pratt .. ..	..Cross House, South Cerney,	
(Miss M. Lewis).	Gloucestershire .. ..	.. ..
Miss L. G. Price	..67, Norwood Road, Sheffield	.. Sheffield City General.
Madame Prinsep ..	..Convent of the Sacred Heart,	
	Roehampton .. ..	.. ..
Mrs. Pugh ..	..The Manse, Macdonald Road,	
(Miss A. Tarrant).	.. Friern Barnet .. ..	.. ..
Miss N. Pulling ..	..240, Makepeace Mansions, Holly	
	Lodge Estate, N. 6 .. ..	.. Prince of Wales's, Tottenham.
Miss E. Purdon ..	..12, Gray's Inn Square, W.C. 1	.. ..
Miss M. Rawlinson	..100, Grosvenor Road, S.W. 1	.. ..
Miss H. E. Rees	..Northcroft, Dulwich Common,	
	S.E. 21 .. ..	.. Sheffield City General.
Miss K. Richardson	..St. Clement's House, Bolsover	
	Street, W. 1 .. ..	.. Middlesex.
Mrs. Rigg ..	..The Minster, Vicarage, Beverley,	
(Miss Scott-Moncrieff).	Yorks .. ..	.. ..
Miss G. Robertson	..23, Inverness Terrace, W. 2	.. ..
Miss E. K. Robinson	..United Societies Club, 20, Harrington	New Sussex for Women and
	Gardens, S.W. 7 .. ..	Sussex Eye.
Miss E. G. Rocca	..35, Byron Road, W. 5 .. ..	.. Battersea General.
Miss C. Ronaldson	..11, Stanhope Gardens, S.W. 7	.. Elizabeth Garrett Anderson.
Miss A. Ross ..	..82, Vincent Square, S.W. 1	.. East London for Children.
Miss E. le Rougetel	..2, Oxford Drive, Waterloo, nr.	
	Liverpool .. ..	.. ..
Miss M. Roxburgh	..30, Seymour Street, W. 1	.. St. Marylebone Dispensary.
Mrs. Russell ..	..80, Green Lane, Northwood,	
(Miss M. Turney).	Middlesex .. ..	.. ..
Mrs. Ryan .. ..	..43, Blenheim Avenue, Highfield,	
(Miss M. Horne).	Southampton .. ..	.. ..
Miss J. Salmon ..	..1A, Craven Terrace, W. 2 ..	.. Hospital for Sick Children,
		Gt. Ormond Street.
Miss R. de Sausmarez	..The Haylands, Chigwell, Essex	.. King's College.
Miss M. M. Scott	..Greyfriars House, Chester	.. Miller General.
Mrs. Sessions ..	..Roysted, Highdown Heath, Godalm-	
	ing, Surrey .. ..	.. ..
Miss A. Shillidy ..	..90, Clarendon Street, S.W. 1	.. ..
Miss D. Siddons ..	..10, York Place, Harrogate	.. Infirmary, Harrogate.
Miss E. G. Simm	..58, Thorpe Road, Norwich	.. Norfolk and Norwich.
Miss E. I. M. Smail	..14, Cathedral Mansions, S.W. 1	.. King's College.
Miss A. M. Smith	..63, Lonsdale Road, Barnes, S.W. 13	Royal Free.
Miss P. M. Heriz Smith	22, Clifton Road, Clifton, Bristol	.. General Hospital, Bristol.
Miss E. V. Smylie	..12, Winton Avenue, Rathgar,	
	Dublin .. ..	.. Adelaide, Dublin.
Miss V. Somervell	..Brown Close, Kendal .. ..	.. ..
Miss B. Spencer	..78, Abingdon Road, Kensington, W.	St. George's.
Mrs. Spens ..	..Strathaden, Troon, Ayrshire	.. ..
Miss H. M. Squire	..64A, High Street, St. John's Wood,	
	N.W. 8 .. ..	.. Brompton.
Miss E. M. Steel	..28, Cookham Road, Maidenhead	.. British Red Cross Clinic for
		Rheumatism.
Miss H. Stephenson	..23, New Cavendish Street, W. 1	.. St. Thomas's.



NAME.	ADDRESS.	HOSPITAL.
Mrs. Stevenson .. (Miss E. Scrimgeour).	..4, Wembley Avenue, Monkseaton, Newcastle-on-Tyne. .. ..	
Miss E. Stirling	..22, Garscube Terrace, Edinburgh ..	Cumberland Infirmary, Carlisle.
Miss M. Streatfeild	..95, The Ridgway, Wimbledon, S.W.	University College.
Miss E. M. Sumner	..Inversnaid, Bromley, Kent ..	Charing Cross.
Miss I. Sundstrom	..71, Odengatan, Stockholm, Sweden	
Miss W. Tait ..	..68, Southwood Lane, Highgate Village, N. 6 .. ..	St. Thomas's.
Mrs. Taylor .. ..	..St. Brelloades, Woodside Road, Parkstone, Dorset. .. ..	
Mrs. Taylor .. (Miss Turquand).	..27, Bushey Park Gardens, Tedding- ton, Middlesex .. ..	
Miss J. Taylor ..	..31, St. John's Road, Clifton, Bristol .. ..	Royal Northern.
Mrs. Thomas .. (Miss M. Verrall).	..25, Norfolk Street, W. 1. .. ..	
Miss C. Thompson	..Rathmoyle, Meadway, Berkhamsted, Herts .. ..	
Miss B. Tregear ..	..1, Clifton Grove, Slough, Bucks ..	The Infirmary, Bury.
Miss F. Tupper ..	..149, Albert Palace Mansions, Battersea Park, S.W. 11 ..	
Miss M. Turner ..	..21, Westbourne Terrace, W. 2 ..	St. Thomas's.
Mrs. Varti .. ..	..11, Buckingham Chambers, S.W. 1	Maudsley (Child Guidance Clinic).
Miss Venables ..	..48, Avenue Road, Highgate, N. 6	
Mrs. Verdon ..	..3324, Boulevard, Jersey City, U.S.A.	
Miss W. M. Voelcker	..20, Upper Phillimore Gardens, W.	Royal Free.
Miss Walker ..	..Spring Bank, Huddersfield ..	Huddersfield Infirmary.
Miss E. C. Warren	..73, Hillway, N. 6 .. ..	Royal Free.
Mrs. Warren .. (Miss V. Lasbrey).	..Woodford House, Wells, Somerset	
Miss Watson ..	..Chapelfield, Barrhead, Glasgow ..	Royal Hospital for Sick Children, Glasgow.
Miss H. Watt ..	..c/o Social Service Department, Royal Infirmary, Edinburgh ..	Royal Infirmary, Edinburgh.
Miss Weaver ..	..Newland, Sandridge Road, St. Albans .. ..	Hertford County.
Miss E. M. Wetherall	..50A, Gordon Square, W.C. 1. ..	St. Mary's.
Miss Whaley ..	.. ..	
Miss E. White ..	..94, St. George's Square, S.W. 1 ..	Victoria Hospital for Children.
Miss R. d'A. Whitney	..22, Kildare Terrace, W. 2 ..	Royal Hospital, Richmond.
Miss M. Wildblood	..17, Hornton Street, W. 8 ..	Royal Eye.
Miss Wilkinson ..	..Ashley, Droitwich .. ..	
Miss M. Williams	..Oakcroft, Aldenham Avenue, Radlett, Herts .. ..	St. Thomas's.
Miss M. D. P. Williams	35, Byron Road, W. 5 ..	Willesden General.
Miss M. H. Williams	..39, Bramham Gardens, S.W. 5 ..	St. Mary's.
Miss E. Wilson ..	..3, Ashlake Road, Streatham, S.W.	
Dr. H. Wilson ..	..4, West Hill, Chapel Allerton, Leeds	
Miss M. Wilson ..	..18, Chepstow Place, W. 2 ..	London.
Miss M. Wright ..	..11, Marsh Parade, Newcastle, Staffs	North Staffs Royal Infirmary.
Miss K. Young ..	..The Deanery, Middleham, Yorks	
Miss E. M. Zucker	..151, College Road, Norwich ..	Norfolk and Norwich.

# HOSPITAL ALMONERS ASSOCIATION.

Receipts and Payments Account for the Year ending 31st December, 1930.

RECEIPTS.			EXPENDITURE.		
	£	s. d.		£	s. d.
January 1st, 1930—			December 31st, 1930—		
Balance in hand .. ..	10	10 6	By Fares paid to H.A.A. Representa-	13	10 2
December 31st, 1930—			tives on Institute .. ..	7	15 4
Institute Subscriptions .. ..	22	6 6	Mrs. Thomas—Balance of Institute		
Hospital Almoners' Association	84	0 3	Subscriptions .. ..		
Subscriptions .. ..			Printing of Year Book .. ..	21	5 6
Miss Macintosh—			Printing of H.A.A. Constitution ..	35	18 6
Sale of Year Books to Ex			Rent Pioneer Institute .. ..	1	12 2
Almoners .. ..	2	7 6	Tip—Caretaker, Pioneer Institute	15	0 0
Sale of Year Books to Students	1	5 0	Hire of Portsmouth Room and Tip	0	10 0
Advertisement revenue ..	14	13 0	Hire of Portsmouth Room and Tip	1	11 0
Miss Hume—Sale of Year Book	0	2 6	Deficit on tea—Portsmouth Club..	0	3 0
			Deficit on Annual Dinner, 1930 ..	1	9 0
Sale of H.A.A. Constitution ..			Prize for Cover of Year Book ..	0	12 6
			Wreath for Miss Seddon .. ..	1	4 6
			Postage, Printing and Stationery..	11	12 8
			Cheque Book .. ..	0	4 2
			*Sundry Creditors .. ..	21	1 0
			Carried forward—		
			Cash in hand .. ..	0	3 6
			Cash at Bank .. ..	44	2 2
			Less outstanding accounts ..	£44	5 8
				21	1 0
				23	4 8
				£135	8 8

I have examined the above Account with the books and vouchers of the Association and certify the same to be correct and in accordance therewith.  
 E. ANTHONY STURT, *Accountant*,  
 St. John's Hospital, Lewisham.

\*Outstanding Accounts for 1930—  
 6 months' Rent, B.M.A. (paid 14th Feb., 1931) £20 0 0  
 Institute of H.A.A. Subscriptions underpaid 1 1 0

9th March, 1931.



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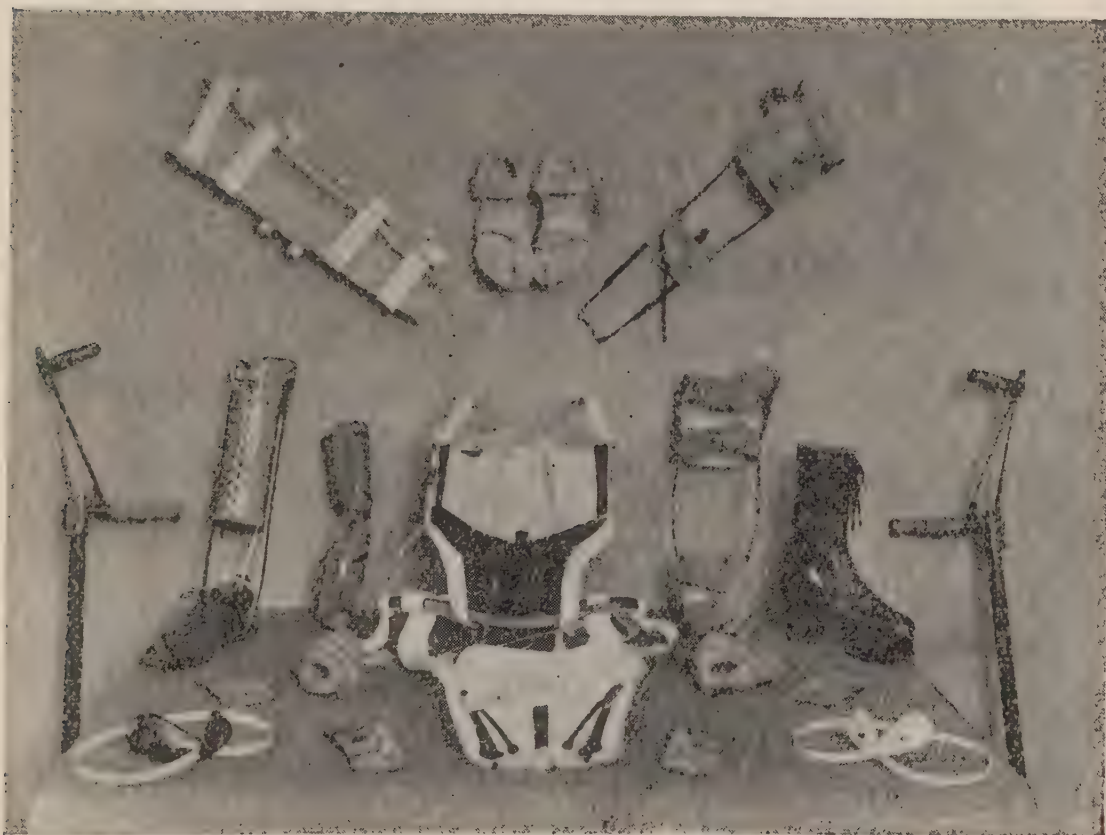
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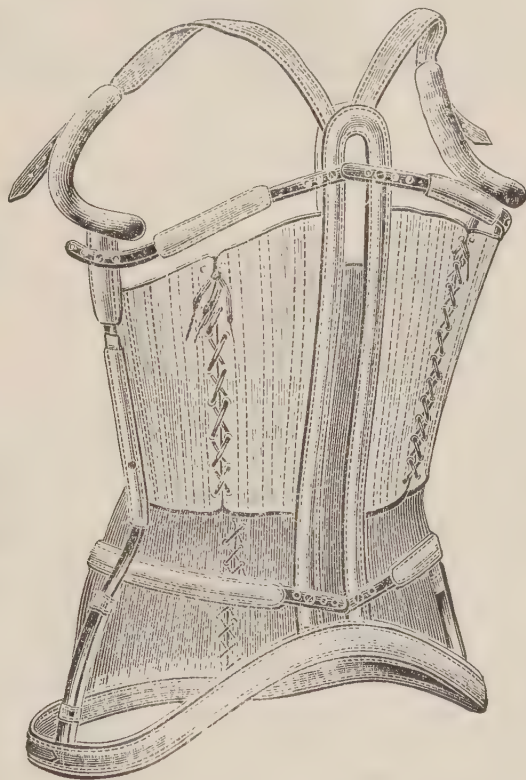
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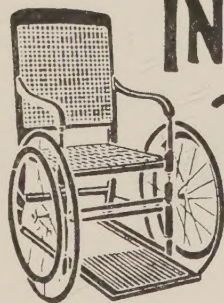
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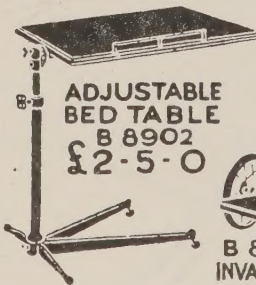
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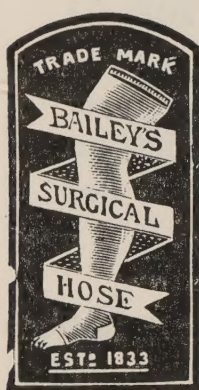
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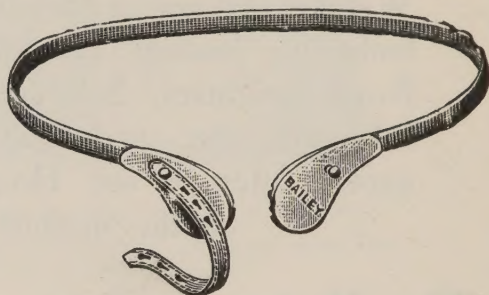
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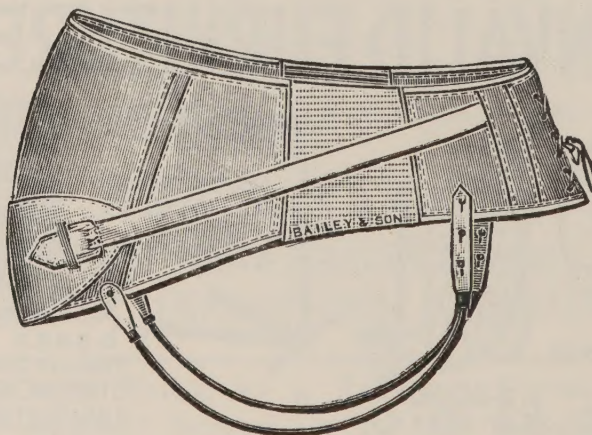
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